

MQAC CASE REVIEW DISPOSITION
Commission Meeting RCM Presentation

Respondent: Shinstrom, David C.Case Number: 2011-157375

Date Presented: <u>8/24/2011</u>	RCM: <u>Cullen</u>	License#: <input checked="" type="checkbox"/> MD / <input type="checkbox"/> PA
Panel Chair: <u>Pattison</u>	Staff Attorney: <u>McLaughlin</u>	MQAC Clerk: <u>Dani Newman / Melissa McEachron</u>
<u>PANEL A</u>	Cullen, Anderson, Brantner, Burger, Clower, Concannon, Elders, Green, Johnson, Pattison, Tobin, <u>Small</u>	
<u>PANEL B</u>	Dore, Gotthold, Harder, Harvey, Hensley, Hopkins, Page, Robins, Ruiz, Sen	

SEXUAL MISCONDUCT CASES : RCW 18.130.062

The Commission should refer sexual misconduct cases to the Secretary when there are no clinical issues involved. (The panel should make this decision by reviewing the complaint. If the panel cannot tell if clinical issues exist, the panel may request the investigator contact the complainant or key witness)

☐ Panel finds there are clinical issues, do not refer ☐ No clinical issues, refer case to Secretary ☐ Contact complainant or witness for more info

A. REQUEST FOR LEGAL ACTION:☐ Summary Suspension☐ Practice Restriction

<input type="checkbox"/> Statement of Charges	<input type="checkbox"/> Statement of Allegations /Stipulation to Informal Disposition
<input type="checkbox"/> Withdrawal of SOC	<input type="checkbox"/> Withdrawal of SOA
<input type="checkbox"/> Notice of Decision on Application: (Denied)	<input type="checkbox"/> Notice of Correction
<input type="checkbox"/> Notice of Decision on Application (Granted with conditions)	<input type="checkbox"/>

Alleged Violations—RCW 18.130.180:

<input type="checkbox"/> (1) Moral turpitude	<input type="checkbox"/> (10) Aiding and abetting	<input type="checkbox"/> (19) Treating by secret methods
<input type="checkbox"/> (2) Misrepresentation of facts	<input type="checkbox"/> (11) Violation of rules	<input type="checkbox"/> (20) Betrayal of patient privilege
<input type="checkbox"/> (3) False advertising	<input type="checkbox"/> (12) Practice beyond scope	<input type="checkbox"/> (21) Rebating
<input type="checkbox"/> (4) Incompetence	<input type="checkbox"/> (13) Misrepresentation or fraud	<input type="checkbox"/> (22) Interference with investigation
<input type="checkbox"/> (5) Out of state action	<input type="checkbox"/> (14) Failure to supervise	<input type="checkbox"/> (23) Current drug/alcohol misuse
<input type="checkbox"/> (6) Illegal use of drugs	<input type="checkbox"/> (15) Public health risk	<input type="checkbox"/> (24) Sexual contact/patient abuse
<input type="checkbox"/> (7) Violated state or federal law	<input type="checkbox"/> (16) Unnecessary or inefficacious drugs	<input type="checkbox"/> (25) Acceptance of more than nominal gratuity
<input type="checkbox"/> (8) Failure to cooperate	<input type="checkbox"/> (17) Criminal conviction	
<input type="checkbox"/> (9) Failure to comply	<input type="checkbox"/> (18) Criminal abortion	

Other Violations of Relevant State or Federal Law or RCW 18.130.170:☐ Mental Impairment☐ Physical Impairment**B. CLOSED AFTER INVESTIGATION:**

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A8-No jurisdiction
<input type="checkbox"/> A2-Complainant withdrew	<input type="checkbox"/> A11- No whistleblower
<input type="checkbox"/> A3- Unique closure (Panel must explain)	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
<input checked="" type="checkbox"/> A5-Evidence does not support a violation	<input type="checkbox"/>

C. OTHER EXPLANATIONS (Legal Review, Return to Investigation, etc.)

1)

2)

GUIDE FOR CLOSURE CODES

June 2010

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through connective action, license revocation, suspension, or other means. <ul style="list-style-type: none"> Respondent died. Other circumstances (explain): _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> Cannot establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. Includes situations where the investigator was unable to obtain all material evidence. Despite the evidence, the alleged misconduct does not constitute a UDA violation.
A-7	Mistaken Identity	Case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised pjh0521-2010

Case View Screen [update]



Case	2011-157375 (PUBLIC: Internal)	Date Created	06/15/2011	Audit Entry Items Documents Notes Master Ca Participan Add Maste Timeline f
Status	CLOSED	Date Received	06/06/2011	
Respondent ID	382320	How Received	Email	
Respondent	DAVID CLAYTON SHINSTROM	Receiving Board	COMMISSION	
Credential	MD.MD.00017180	Receiving Profession	Physician And Surgeon License	
Address	<input type="radio"/> Public <input checked="" type="radio"/> Mail <div>DAVID CLAYTON SHINSTROM 1286 Mount Baker Rd Ste B102 Eastsound, WA 98245-8931</div>	Receiving Department	Case Intake	
Complainant ID	929475	Received By	Cynthia R Hamilton	
Complainant	San Juan County Sheriffs Office	Alleged Issues	Patient Care	
Comments:	RCM: Cullen, MD	Violation of Federal or State Statutes, Regulations or Rules	Case Nature	
		Standard of Care/Services	Violation of regulations or rules	

- Resolution
- Action Items
- Participants
- Priority History
- HIPDB Reports
- TimeTracker

Resolution [update]











Field	Value	Field	Value
Department:	Case Management	Found Issues:	• None
Worker:	Angela M Bucci	Resolution:	• Evidence does not support a violation

Date Closed: 08/24/2011

Resolution Notes:

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due Effective	Completed	Order Signed	Created	User
Legal Case Finalized	Case Management, Bucci, Angela M		[add]	08/24/2011	08/30/2011		08/30/2011	Bucci Ange
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180								
Change Status to Closed	Case Management, Bucci, Angela M		[add]	08/24/2011	08/30/2011		08/30/2011	Bucci Ange
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180								
Case Status: Status Changed To: CLOSED								
Action Info: Resolution Recorded? Yes								
Comments: Closed A-5 at 8/24/11 Commission Meeting.								
Present for Case Disposition	Case Management, Bucci, Angela M		[add]	08/24/2011	08/24/2011		08/30/2011	Bucci Ange
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180								
Case Status: Status Changed To: Case Disposition								
Action Info: Decision Date 08/24/2011								
CMT Decision Maker 1 Cullen Bruce								
CMT Decision Maker 2 Andison Bruce								
CMT Decision Maker 3 Brantner Richard								
CMT Decision Maker 4 Burger Leslie								
CMT Decision Maker 5 Clower Athalia								
CMT Decision Maker 6 Concannon Mike								
CMT Decision Maker 7 Elders Theresa								
CMT Decision Maker 8 Green Thomas								
CMT Decision Maker 9 Johnson Mark L								
CMT Decision Maker 10 Pattison Mimi								
Comments: A/P: Small, MD & Mimi Winslow, JD, PM								
Closed A-5 at 8/24/11 Commission Meeting.								
Forward for Legal Review	Staff Attorney, McLaughlin, Jim		[add]	08/09/2011			08/09/2011	Bucci Ange
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180								
Assign Staff Attorney	Staff Attorney, McLaughlin, Jim		[add]	08/08/2011	08/09/2011		08/09/2011	Bucci Ange

Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
 Board/Commission Review	Case Management, Bucci, Angela M	[add]	08/08/2011	08/08/2011	08/09/2011	Bucci Ange	
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
Action Info: Reviewing Board/Commission Member 1 Cullen Bruce							
 Forward Case File for Copies (Copy Center)	Case Management, Bucci, Angela M	[add]	08/03/2011	08/08/2011	08/03/2011	Bucci Ange	
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
 Assigned RBM/RCM	Case Management, Bucci, Angela M	[add]	07/29/2011	08/03/2011	08/03/2011	Bucci Ange	
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
Action Info: Reviewing Bd/Comm Member Name Cullen Bruce							
 Forward for Case Manager Review Invest Complete	Case Management, Bucci, Angela M	[add]	07/29/2011	07/29/2011	07/29/2011	Creig Vicki	
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
Case Status: Status Changed To: Case Disposition							
 Investigative Forward for Closure of Investigation	Investigation Supervisor, Smith, James H	[add]	07/29/2011	07/29/2011	07/29/2011	Creig Vicki	
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
 Assign Investigator	Investigation, Slavin, Tim	[add]	06/30/2011	06/30/2011	06/30/2011	Creig Vicki	
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
Action Info: Priority Set and Entered? Yes							
 Investigative Correspondence - General	Investigation, Creighton, Vicki I	[add]	06/30/2011	06/30/2011	06/30/2011	Creig Vicki	
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
Comments: 7/1/2011 Notification & acknowledgement letters mailed							
 Forward for Investigation	Investigation Supervisor, Smith, James H	[add]	06/22/2011	06/23/2011	06/23/2011	Creig Vicki	
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
Case Status: Status Changed To: Investigation							
 Present for Assessment	Case Management, Creighton, Vicki I	[add]	06/15/2011	06/22/2011	06/22/2011	Creig Vicki	
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180							
Case Status: Status Changed To: Assessment							
Action Info: Decision Date 06/22/2011							
CMT Decision Maker 1 Brantner Richard							
CMT Decision Maker 2 Harder Ellen							
CMT Decision Maker 3 Page Judith							
CMT Decision Maker 4 Elders Theresa							
CMT Decision Maker 5 McLaughlin Jim							
CMT Decision Maker 6 Heye George							
CMT Decision Maker 7 Smith Jim							
CMT Decision Maker 8 Creighton Vicki							
 Intake	Case Intake, Hamilton, Cynthia R	[add]	06/15/2011	06/15/2011	06/15/2011	Hami Cynth	
Target: DAVID CLAYTON SHINSTROM							
Warning: Warning Type: CASE PENDING							
Warning Effective Date: 06/15/2011							
Suppress License Print: NO							
Warning: 2011-157375							
Case Status: Status Changed To: Intake							
Action Info: Complaint Source Law Enforcement							
Possible Imminent Danger? No							

SA
Notes

David Shinstrom
2011-157375

RCM = Cullen

dob: 2/3/48 (63 yo)

licensed: 1/15/79

Bd. Cert. FM

6 closed Complaints

Compl. San Juan County Sheriff's Office

- 5/31/11

- Det. L. Buchanan / anonymous

- it was rept. to me by Sgt. Viertaler that R may be dispensing an inordinate amt. of MM rx's

- he and other OI Deputies have made contact

- approx 1 dozen citizens in last 2 mos. & such rx's.

- 1 pt 18yo. rept. that could rx b/c he cannot take pain meds, though not suffering from any med issues that might be causing him pain.

Ltr fr R (5)

- 7/21/11

- small island

- common for res. to express strong views abt. what others are doing

- meet w/ co. prosec. & Norm Stamper to ed. ^{ourselves} & make

* make plan re: MM laws

- advised landlord to call Sheriff when pt. was smoking MM outside, against rules

- Robbie Speers - pt since 1/09

- pt. expressed addiction concerns

- shared he has gone through drug tx in past

- Narc. rx's not a good option

2. → - mult. acute injuries over past 2 1/2 yrs.

- has been ref. to mult. specialists

- p assess. (Intractable pain) (pain unrelied by standard medical tx's & meds

- in resp. to pt's subjective descr. of his pain

- advised of risks & benefits

- advised that MM may prove beneficial, on 9/24/10

+ Eric Whitehead

[confusion abt name] have Charles Whitehead

- James Nichols

- pt in clinic since 11/09

- recurrent nausea, vomiting, & abd-pain as well as acute injuries & illness & injuries in past 1 1/2 yrs.

- Nausea & vomiting are qualifying cond's

- pt reqst repl. for expiring auth.

- it is my est. that less than 5% ^{of services we provide} have rec'd info on risks/benefits of MM or auth.

- [a lot of ref. to law, incl. caselaw]

- we do not provide info to pts or track where or how they obt. med cannabis.

I think we should treat these as akin to narcotic rx's. Illegal & rx below StOC if not medically justified.

[not pts] [could be much larger] [of services we provide] [not pts]

- RCW 69.51A.005 Purpose and intent

- expanded to "healthcare professionals" fr. "physicians" (2010)
- "would benefit" to "may benefit" (2007)
- 2007 ~~the~~ intent to clarify law so that use of this substance is not impaired and med. practitioners are able to ~~to~~ exercise their best prof. judgment in the delivery of medical tx, qualifying pts may fully participate in the medical use of mj.

Conant v. McCaffrey

Fed. distr. Ct. injunct.

Upheld by 9th Cir. cert. denied)

prohibiting fr. gov't

fr. revoking DEA reg's.

or invest. when solely in fo that

phys. advised of benefits of

MM under state law

- RCW 69.51A.030 Healthcare professionals excepted

A hep shall not be penalized in any manner, or denied any right or privilege, for:

- (1) advising abt risks/benefits, or that qualifying pt may benefit fr mm where such use is within a professional ^{appr. standard} standard of care ^{but} in the hep's prof. judgment

- MR's of Speers (11-)

- VSs	12/7/10	3/4
	10/28	2/25
	7/20	2/22
	7/19	
	7/15	
	4/19	

- 12/7/10 not

- dob 10/7/91 (19yo)

- 9/24/10

③

"prescription" for MM

I can't
imagine this
is what
the legisl.
anticipated

- 7/23/10

- 7th probation offer

[April 2010 notes abt pain med aberrant behavior]

- A bunch of injuries, primarily rel. to disputes

- MRs of James Nichols (36-) (the

- DV NC order (39)

- 5/11/11

- J&S for Assault IV

- d/b: 8/30/81 (30yo)

- Fire Dept doc

- call re vomiting

- bleeding ulcer

Mclaughlin, James (DOH)

From: Mclaughlin, James (DOH)
Sent: Sunday, August 21, 2011 1:58 PM
To: Cullen, Bruce F (DOH)
Subject: RE: Shinstrom 2011-157375

Dr. Cullen,

1 - Attorney work product - RCW 42.56.290

Jim

From: Cullen, Bruce F (DOH)
Sent: Fri 8/19/2011 10:26 AM
To: Mclaughlin, James (DOH)
Subject: Shinstrom 2011-157375

Jim,

Attached is my analysis of this case. I will be interested to see how the Panel reacts to this.

Bruce

4.2. The following information is provided for the year ended 31 December 2019:

(a) The company's revenue is \$1,000,000. The company's expenses are \$800,000. The company's profit is \$200,000.

(b) The company's assets are \$1,200,000. The company's liabilities are \$800,000. The company's equity is \$400,000.

(c) The company's cash and bank balances are \$100,000. The company's trade receivables are \$200,000. The company's trade payables are \$150,000. The company's inventory is \$150,000. The company's property, plant and equipment are \$500,000. The company's intangible assets are \$100,000. The company's other assets are \$100,000.

(d) The company's cash and bank balances are \$100,000. The company's trade receivables are \$200,000. The company's trade payables are \$150,000. The company's inventory is \$150,000. The company's property, plant and equipment are \$500,000. The company's intangible assets are \$100,000. The company's other assets are \$100,000.

[illegible]

Annals of the Entomological Society of America [Vol. 41, No. 1, February, 1948]

[illegible]

1. The first step is to identify the problem. This involves understanding the situation and the goals that need to be achieved.

[illegible]

1990-1991, 1992-1993, 1994-1995, 1996-1997, 1998-1999, 2000-2001, 2002-2003, 2004-2005, 2006-2007, 2008-2009, 2010-2011, 2012-2013, 2014-2015, 2016-2017, 2018-2019, 2020-2021, 2022-2023, 2024-2025, 2026-2027, 2028-2029, 2030-2031, 2032-2033, 2034-2035, 2036-2037, 2038-2039, 2040-2041, 2042-2043, 2044-2045, 2046-2047, 2048-2049, 2050-2051, 2052-2053, 2054-2055, 2056-2057, 2058-2059, 2060-2061, 2062-2063, 2064-2065, 2066-2067, 2068-2069, 2070-2071, 2072-2073, 2074-2075, 2076-2077, 2078-2079, 2080-2081, 2082-2083, 2084-2085, 2086-2087, 2088-2089, 2090-2091, 2092-2093, 2094-2095, 2096-2097, 2098-2099, 2100-2101, 2102-2103, 2104-2105, 2106-2107, 2108-2109, 2110-2111, 2112-2113, 2114-2115, 2116-2117, 2118-2119, 2120-2121, 2122-2123, 2124-2125, 2126-2127, 2128-2129, 2130-2131, 2132-2133, 2134-2135, 2136-2137, 2138-2139, 2140-2141, 2142-2143, 2144-2145, 2146-2147, 2148-2149, 2150-2151, 2152-2153, 2154-2155, 2156-2157, 2158-2159, 2160-2161, 2162-2163, 2164-2165, 2166-2167, 2168-2169, 2170-2171, 2172-2173, 2174-2175, 2176-2177, 2178-2179, 2180-2181, 2182-2183, 2184-2185, 2186-2187, 2188-2189, 2190-2191, 2192-2193, 2194-2195, 2196-2197, 2198-2199, 2200-2201, 2202-2203, 2204-2205, 2206-2207, 2208-2209, 2210-2211, 2212-2213, 2214-2215, 2216-2217, 2218-2219, 2220-2221, 2222-2223, 2224-2225, 2226-2227, 2228-2229, 2230-2231, 2232-2233, 2234-2235, 2236-2237, 2238-2239, 2240-2241, 2242-2243, 2244-2245, 2246-2247, 2248-2249, 2250-2251, 2252-2253, 2254-2255, 2256-2257, 2258-2259, 2260-2261, 2262-2263, 2264-2265, 2266-2267, 2268-2269, 2270-2271, 2272-2273, 2274-2275, 2276-2277, 2278-2279, 2280-2281, 2282-2283, 2284-2285, 2286-2287, 2288-2289, 2290-2291, 2292-2293, 2294-2295, 2296-2297, 2298-2299, 2300-2301, 2302-2303, 2304-2305, 2306-2307, 2308-2309, 2310-2311, 2312-2313, 2314-2315, 2316-2317, 2318-2319, 2320-2321, 2322-2323, 2324-2325, 2326-2327, 2328-2329, 2330-2331, 2332-2333, 2334-2335, 2336-2337, 2338-2339, 2340-2341, 2342-2343, 2344-2345, 2346-2347, 2348-2349, 2350-2351, 2352-2353, 2354-2355, 2356-2357, 2358-2359, 2360-2361, 2362-2363, 2364-2365, 2366-2367, 2368-2369, 2370-2371, 2372-2373, 2374-2375, 2376-2377, 2378-2379, 2380-2381, 2382-2383, 2384-2385, 2386-2387, 2388-2389, 2390-2391, 2392-2393, 2394-2395, 2396-2397, 2398-2399, 2400-2401, 2402-2403, 2404-2405, 2406-2407, 2408-2409, 2410-2411, 2412-2413, 2414-2415, 2416-2417, 2418-2419, 2420-2421, 2422-2423, 2424-2425, 2426-2427, 2428-2429, 2430-2431, 2432-2433, 2434-2435, 2436-2437, 2438-2439, 2440-2441, 2442-2443, 2444-2445, 2446-2447, 2448-2449, 2450-2451, 2452-2453, 2454-2455, 2456-2457, 2458-2459, 2460-2461, 2462-2463, 2464-2465, 2466-2467, 2468-2469, 2470-2471, 2472-2473, 2474-2475, 2476-2477, 2478-2479, 2480-2481, 2482-2483, 2484-2485, 2486-2487, 2488-2489, 2490-2491, 2492-2493, 2494-2495, 2496-2497, 2498-2499, 2500-2501, 2502-2503, 2504-2505, 2506-2507, 2508-2509, 2510-2511, 2512-2513, 2514-2515, 2516-2517, 2518-2519, 2520-2521, 2522-2523, 2524-2525, 2526-2527, 2528-2529, 2530-2531, 2532-2533, 2534-2535, 2536-2537, 2538-2539, 2540-2541, 2542-2543, 2544-2545, 2546-2547, 2548-2549, 2550-2551, 2552-2553, 2554-2555, 2556-2557, 2558-2559, 2560-2561, 2562-2563, 2564-2565, 2566-2567, 2568-2569, 2570-2571, 2572-2573, 2574-2575, 2576-2577, 2578-2579, 2580-2581, 2582-2583, 2584-2585, 2586-2587, 2588-2589, 2590-2591, 2592-2593, 2594-2595, 2596-2597, 2598-2599, 2600-2601, 2602-2603, 2604-2605, 2606-2607, 2608-2609, 2610-2611, 2612-2613, 2614-2615, 2616-2617, 2618-2619, 2620-2621, 2622-2623, 2624-2625, 2626-2627, 2628-2629, 2630-2631, 2632-2633, 2634-2635, 2636-2637, 2638-2639, 2640-2641, 2642-2643, 2644-2645, 2646-2647, 2648-2649, 2650-2651, 2652-2653, 2654-2655, 2656-2657, 2658-2659, 2660-2661, 2662-2663, 2664-2665, 2666-2667, 2668-2669, 2670-2671, 2672-2673, 2674-2675, 2676-2677, 2678-2679, 2680-2681, 2682-2683, 2684-2685, 2686-2687, 2688-2689, 2690-2691, 2692-2693, 2694-2695, 2696-2697, 2698-2699, 2700-2701, 2702-2703, 2704-2705, 2706-2707, 2708-2709, 2710-2711, 2712-2713, 2714-2715, 2716-2717, 2718-2719, 2720-2721, 2722-2723, 2724-2725, 2726-2727, 2728-2729, 2730-2731, 2732-2733, 27

MQAC REVIEW
Case Number: 2011-157375

Date: June 15, 2011

Presented by: **George Heye, MD**

Slavin/McLaughlin/Cullen

Respondent:	SHINSTROM, DAVID CLAYTON, MD	San Juan County
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Complainant:	San Juan County Sheriff's Office
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CASE SUMMARY

The Respondent:

Board Certified:	FAMILY MEDICINE
DOB:	02-03-1948
Licensed since:	01-15-1979
Expiration date:	02-03-2012
Medical School:	1976—U of Cincinnati Coll of Med; Cincinnati, OH
Residency:	07/1976-06/1977—Maine-Dartmouth Fam Prac Res; ME— FAMILY MEDICINE 07/1977-06/1979-- Maine-Dartmouth Fam Prac Res; ME— FAMILY MEDICINE

The Complainant: San Juan County Sheriff's Office

Malpractice Settlement:

The Complaint The respondent is reportedly issuing an inordinate number of medical marijuana notes for local citizens. One patient was said to be 18 and received the marijuana approval because he cannot take pain medications although he is not suffering from any specific medical issues that may cause him pain.

RCM Review

Prior Cases:

90-01-0012MD – Specific details unavailable due to case age.
Closed NCFA.

98-03-0016MD -- Complainant reported he went to the Respondent with abdominal pain and rectal bleeding. The Respondent did a rectal exam, diagnosed a rectal tear, and advised the Complainant to load up on fiber. Seen in the ER 2 days later, the Complainant was transferred to another hospital and diagnosed with ulcerative colitis. There was no rectal tear.
Closed NCFA.

98-09-0035MD – One of five named Respondents for alleged failure to provide adequate care for GYN problems.
Closed NCFA.

02-11-0044MD – Failed to appropriately diagnose and treat a 5 y/o patient for bacterial pneumonia.

Closed NCFA.

03-01-0057MD -- The Complainant reports that in June 2001, she began to experience right lower quadrant pain. The Complainant, who resides on one of the San Juan Islands, notes she called her OB/GYN provider on the mainland the following morning. The pain continued into the next day and she made an appointment with the Respondent. After performing a physical exam, including a vaginal, the Complainant reports the Respondent thought it was an ovarian cyst, although the Complainant notes she mentioned the possibility of an appendicitis (she is a volunteer EMT). The Respondent obtained a blood test and sent her home. As the pain continued, the Complainant notes she called the Respondent's clinic several more times, only to be told each time that the Respondent was with a patient.

Closed NCFA.

05-11-0036MD -- A patient reports that confidential medical information about her was illegally released from the respondent's office. The actual source of the information was apparently her ex-husband's file.

Closed NCFA.

Recommendation:

Case View Screen [update]

Case	2011-157375 (PUBLIC)	Date Created	06/15/2011	Audit Entry Items Documents Notes Master Ca: Participan Add Maste Timeline t
Status	Case Disposition	Date Received	06/06/2011	
Respondent ID	382320	How Received	Email	
Respondent	DAVID CLAYTON SHINSTROM	Receiving Board	COMMISSION	
Credential	MD.MD.00017180	Receiving Profession	Physician And Surgeon License	
Complainant ID	929475	Receiving Department	Case Intake	
Complainant	San Juan County Sheriffs Office	Received By	Cynthia R Hamilton	
		Alleged Issues		
		Patient Care		
		Violation of Federal or State Statutes, Regulations or Rules		
		Case Nature		
		Standard of Care/Services		
		Violation of regulations or rules		

Comments: RCM: Cullen, MD

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- TimeTracker
- Action Items

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
Jun 30 2011 12:45PM	C Priority	Standard of Car...	Medical Commission	06/22/2011		NO	Creighton, Vi

Other Participants [add]**Contacts Affiliated with Other**

RBM/RCM: BRUCE F CULLEN Staff Attorney: James McLaughlin

Resolution [update]

Department: Staff Attorney	Found Issues none Resolution none
Worker: Jim McLaughlin	
Date Closed:	

Resolution Notes:

Current HIPDB Reports

Type	Submission Date	Status	DCN	Case I
No HIPDB Reports found for this credential.				

Time Tracker**Charge Back Totals**

Department Hours Amount

Cost Recovery Totals

Department Hours Amount









Cost Recovery Invoicing

Respondent InvoiceDate User

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Create
Forward for Legal Review	Staff Attorney, McLaughlin, Jim		[add]		08/09/2011			08/09/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180								
Assign Staff Attorney	Staff Attorney, McLaughlin, Jim		[add]		08/08/2011	08/09/2011		08/09/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180								
Board/Commission Review	Case Management, Bucci, Angela M				08/08/2011	08/08/2011		08/09/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180								
Action Info: Reviewing Board/Commission Cullen Bruce Member 1								
Forward Case File	Case Management, Bucci, Angela M				08/03/2011	08/08/2011		08/03/2

for Copies (Copy Center)

Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180					
 Assigned RBM/RCM	Case Management, Bucci, Angela M		07/29/2011	08/03/2011	08/03/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180					
Action Info: Reviewing Bd/Comm		Cullen Bruce			
Member Name					
 Forward for Case Manager Review Invest Complete	Case Management, Bucci, Angela M	[add]	07/29/2011	07/29/2011	07/29/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180					
Case Status: Status Changed To:		Case Disposition			
 Investigative Forward for Closure of Investigation	Investigation Supervisor, Smith, James H	[add]	07/29/2011	07/29/2011	07/29/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180					
 Assign Investigator	Investigation, Slavin, Tim	[add]	06/30/2011	06/30/2011	06/30/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180					
Action Info: Priority Set and Entered?		Yes			
 Investigative Correspondence - General	Investigation, Creighton, Vicki I	[add]	06/30/2011	06/30/2011	06/30/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180					
Comments: 7/1/2011 Notification & acknowledgement letters mailed					
 Forward for Investigation	Investigation Supervisor, Smith, James H		06/22/2011	06/23/2011	06/23/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180					
Case Status: Status Changed To:		Investigation			
 Present for Assessment	Case Management, Creighton, Vicki I		06/15/2011	06/22/2011	06/22/2
Target: DAVID CLAYTON SHINSTROM, MD.MD.00017180					
Case Status: Status Changed To:		Assessment			
Action Info: Decision Date		06/22/2011			
CMT Decision Maker 1		Brantner Richard			
CMT Decision Maker 2		Harder Ellen			
CMT Decision Maker 3		Page Judith			
CMT Decision Maker 4		Elders Theresa			
CMT Decision Maker 5		McLaughlin Jim			
CMT Decision Maker 6		Heye George			
CMT Decision Maker 7		Smith Jim			
CMT Decision Maker 8		Creighton Vicki			
 Intake	Case Intake, Hamilton, Cynthia R		06/15/2011	06/15/2011	06/15/2
Target: DAVID CLAYTON SHINSTROM					
Warning: Warning Type:		CASE PENDING			
Warning Effective Date:		06/15/2011			
Suppress License Print:		NO			
Warning:		2011-157375			
Case Status: Status Changed To:		Intake			
Action Info: Complaint Source		Law Enforcement			
Possible Imminent Danger?		No			

**CONFIDENTIAL INVESTIGATIVE REPORT
PREPARED FOR THE
MEDICAL QUALITY ASSURANCE COMMISSION**

CASE #2011-157375MD

Respondent:

Attorney:

David C. Shinstrom, MD

Board Certified: FAMILY MEDICINE

DOB: 02-03-1948

Licensed since: 01-15-1979

Expiration date: 02-03-2012

Medical School: 1976-U of Cincinnati Coll of Med; Cincinnati, OH

Residency: 07/1976-06/1977-Maine-Dartmouth Fam Prac Res; ME-

FAMILY MEDICINE 07/1977-06/1979-- Maine-Dartmouth Fam Prac Res; ME-

FAMILY MEDICINE

ILRS Address:

3 - DOH Licensee Health Professional home address and/or pho...

Complainant:

Attorney:

Island County Sheriff's Department

Investigative Case File completed by Investigator Tim Slavin

APPROVED: _____

James H. Smith

DATE: 7-28-11

PRIOR CASE HISTORY:

90-01-0012MD -Specific details unavailable due to case age. **Closed NCFA.**

98-03-0016MD -Complainant reported he went to the Respondent with abdominal pain and rectal bleeding. The Respondent did a rectal exam, diagnosed a rectal tear, and advised the Complainant to load up on fiber. Seen in the ER 2 days later, the Complainant was transferred to another hospital and diagnosed with ulcerative colitis. There was no rectal tear. **Closed NCFA.**

98-09-0035MD -One of five named Respondents for alleged failure to provide adequate care for GYN problems. **Closed NCFA.**

02-11-0044MD -Failed to appropriately diagnose and treat a 5 y/o patient for bacterial pneumonia. **Closed NCFA.**

03-01-0057MD -The Complainant reports that in June 2001, she began to experience right lower quadrant pain. The Complainant, who resides on one of the San Juan Islands, notes she called her OB/GYN provider on the mainland the following morning. The pain continued into the next day and she made an appointment with the Respondent. After performing a physical exam, including a vaginal, the Complainant reports the Respondent thought it was an ovarian cyst, although the Complainant notes she mentioned the possibility of an appendicitis (she is a volunteer EMT). The Respondent obtained a blood test and sent her home. As the pain continued, the Complainant notes she called the Respondent's clinic several more times, only to be told each time that the Respondent was with a patient. **Closed NCFA.**

05-11-0036MD -A patient reports that confidential medical information about her was illegally released from the respondent's office. The actual source of the information was apparently her ex-husband's file. **Closed NCFA.**

GENERAL CASE SUMMARY

COMPLAINT / ALLEGATIONS: The Medical Quality Assurance Commission received a report from the Island County Sheriffs Office (Confidential Informant) concerning Dr. David C. Shinstrom (Respondent). The Respondent is reportedly issuing an inordinate number of medical marijuana notes for local citizens. One patient was said to be 18 and received the marijuana approval because he cannot take pain medications although he is not suffering from any specific medical issues that may cause him pain.

Program Management requests an investigator to investigate.

CASE REVIEW: I contacted the Confidential Informant (CI) and was informed me that one of the Officer's wives works at the clinic and is concerned she may lose her job over this. I informed CI that I will let the Respondent know that the complaint is a CI.

CI identified three of the Respondent's patients who are being prescribed marijuana: [6 - Healthcare information readily...] (19 year-old), [6 - Healthcare information re...], and [6 - Healthcare information r...]. CI stated that [6 - Healthc...] is from out of the area, White River. I informed CI about the current guidelines of prescribing of marijuana.

I obtained a four-page statement from the Respondent addressing the Anonymous Informant's complaint. See pages 5-9.

The Respondent's provided me the following Attachments: A-a copy of [] [6 - Healthc...] medical records; Attachment B-a copy of [6 - Healthcare information r...] medical records; Attachment C-a copy of the Respondent's voided Medical Marijuana Authorization Form; Attachment D-the Respondent's C.V. See pages 10-74.

The Respondent stated, that he cares for nearly 3,000 patients and less than 5% of his practice is dedicated to marijuana patients. The Respondent stated that based on Chapter 69.51A RCW, the Respondent has issued Marijuana Authorization Forms based on the patients current medical condition and the qualifying conditions according to RCW 69.51A.005. The Respondent stated that it is up to the Patient to obtain there marijuana since the clinic does not dispense or grow medical marijuana.

The Respondent provided his medical and prescribing rationale for patients [REDACTED] and [REDACTED]. The Respondent provided copies of two of the three patient medical records that I requested. Please review the provided medical records and if you would like the third patient's ([REDACTED]) records I will request them.

The information in this report is referred to Program Management for review. If additional information or investigation is requested, please advise.

CONTACTS:

Det L. Buchanan (CI)
Sergeant Steve Vierthaler (CI)
Island County Sheriff's Office
98 Second Street
PO Box 669
Friday Harbor, WA 98520
DB-(360) 378-4151
SV-(360) 376-7071
Cell (360) 378-7667

ACTIVITY:

<u>Date</u>	<u>Activity</u>
07-05-2011	Received and reviewed the case file.
07-05-2011	8:34 a.m., I contacted Det. Buchanan (DB) of the ICSD by phone at (360) 378-4151. I informed DB of my inquiry and asked for CI's phone #'s which was given (360) 376-7071 or cell (360) 378-7667. I thanked DB for the information. End of conversation.
07-05-2011	8:36 a.m., I left a phone message for CI asking him to identify the 18 year-old patient and any other patient names in which the Respondent is writing marijuana scripts to. I left my phone and e-mail address. I also informed CI that I will be returning from annual leave on 07-12-2011 and will follow-up with him regarding this matter. End of message.
07-14-2011	8:30 a.m., I left a phone message for CI asking him to identify the 18 year-old patient and any other patient names in which the Respondent is writing marijuana scripts to. I left my phone and e-mail address. End of message.
07-14-2011	1:13 a.m., CI left phone message to call him at (360) 378-4151 and he will provide me with a couple of names concerning the Respondent. End of message.
07-14-2011	11:45 a.m., I left a phone message for CI to call me at my given phone #. End of message.

07-14-2011 12:55 p.m. CI contacted me by phone. CI provided me the Respondent's following patient names: [6 - Healthcare information readil...], DOB [6 -...], [6 - Healt...], [6 - Healthcare information re...], DOB [6 - Healthcare i...], and James Nichols DOB [6 -...]. CI stated that [6 - Healthca...] is from out of the area, White River. CI informed me that one of the officer's wives works at the clinic and is concerned she may lose her job over this. I informed CI that I will let the Respondent know that the complaint is anonymous. CI informed me that he received information from a local pharmacist about their concerns about the narcotic prescribing of Dr. Russell. I informed CI to provide my contact information to the pharmacist and have the pharmacist call me regarding the prescribing practice of Dr. Russell. CI stated he would. I reviewed with CI about the current guidelines of prescribing of Marijuana. CI asked me to contact him and keep him apprised of my investigation. I stated I would. I thanked CI for his assistance in this matter. End of conversation.

07-15-2011 9:30 a.m., I left a phone message with the Respondent's office assistant to have the Respondent contact me regarding a matter involving patient care when he returns to work on Monday at my given phone #. I obtained the Respondent's Fax # (360) 376-7706.

07-18-2011 9:19 a.m., The Respondent left a phone message to call him at his given phone #. End of message.

07-19-2011 8:45 a.m., I contacted the Respondent by phone and informed him of the CI's complaint and forthcoming LOC. The Respondent stated that he would provide the information I am asking for about this matter. I informed the Respondent that I would fax my LOC to him within ten minutes and after he received and reviewed the LOC to call me with any questions. End of conversation

07-19-2011 I faxed my formal letter to the Respondent. See pages 77-80.

07-25-2011 I received the Respondent's statement and supporting documents. See pages 5-74.

07-27-2011 10:38 a.m., I left message for CI stating that the Respondent is following the guidelines concerning his authorizing medical marijuana to his patients and asked if he had contacted the pharmacist and provided my contact information regarding Dr. Russell's prescribing practice. I asked CI to call me at my given phone # for any questions or concerns. End of message.

07-27-2011 Computer time in writing the case report.

MQAC ASSIGNMENT MEMO

Case #: 2011-157375

Respondent: Shinstrom, David C.

Date Received: 6-22-11 Date Assigned: 6-22-11

Investigator: TIM SLAVIN

Priority: A B C X D

Code: 04

X Respondent Notification Letter

X Complainant Acknowledgement Letter

 Whistleblower Letter & Waiver

 Malpractice Letter

Abandonment	Health & Safety Violations	Neglect	Possible Summary Action	Sexual Misconduct
Abduction	High visibility	No Patient Harm	Practice Beyond Scope	Single Complaint Process
Abuse	Imminent Harm	Non-Compliance	Prohibition in another state	Standard of Care <u>X</u>
Action w/other state/jurisdiction	Inappropriate Communication	Other	Sanitation	Substance Abuse
Credential Application	Inspection Issues	Patient Abuse	Serious Injury	Testing Issues
EMTALA	Jurisdictional Questions	Patient Death	Serious Physical Harm	Transfusion Fatality
Exposure to physical/fire hazards	Mandatory Suspension	Physical Plant	Sexual Contact	Unlicensed Practice

Comments:

Sheriff's Office
96 - 2nd St N
Friday Harbor, WA 98250

Orcas Island Substation
Mt. Baker Rd
Eastsound, WA 98245

JUN 26 2011

NPDB/HIPDB
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

MQAC REVIEW
Case Number: 2011-157375

Date: June 15, 2011
Presented by: George Heye, MD

Respondent:	SHINSTROM, DAVID CLAYTON, MD	San Juan County
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Complainant:	San Juan County Sheriff's Office
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CASE SUMMARY

The Respondent:

Board Certified:	FAMILY MEDICINE
DOB:	02-03-1948
Licensed since:	01-15-1979
Expiration date:	02-03-2012
Medical School:	1976—U of Cincinnati Coll of Med; Cincinnati, OH
Residency:	07/1976-06/1977—Maine-Dartmouth Fam Prac Res; ME— FAMILY MEDICINE 07/1977-06/1979-- Maine-Dartmouth Fam Prac Res; ME— FAMILY MEDICINE

The Complainant: San Juan County Sheriff's Office

Malpractice Settlement

The Complaint: The respondent is reportedly issuing an inordinate number of medical marijuana notes for local citizens. One patient was said to be 18 and received the marijuana approval because he cannot take pain medications although he is not suffering from any specific medical issues that may cause him pain.

RCM Review

Prior Cases:

90-01-0012MD -- Specific details unavailable due to case age.
Closed NCFA.

98-03-0016MD -- Complainant reported he went to the Respondent with abdominal pain and rectal bleeding. The Respondent did a rectal exam, diagnosed a rectal tear, and advised the Complainant to load up on fiber. Seen in the ER 2 days later, the Complainant was transferred to another hospital and diagnosed with ulcerative colitis. There was no rectal tear.
Closed NCFA.

98-09-0035MD -- One of five named Respondents for alleged failure to provide adequate care for GYN problems.
Closed NCFA.

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03-01-0057MD -- The Complainant reports that in June 2001, she began to experience right lower quadrant pain. The Complainant, who resides on one of the San Juan Islands, notes she called her OB/GYN provider on the mainland the following morning. The pain continued into the next day and she made an appointment with the Respondent. After performing a physical exam, including a vaginal, the Complainant reports the Respondent thought it was an ovarian cyst, although the Complainant notes she mentioned the possibility of an appendicitis (she is a volunteer EMT). The Respondent obtained a blood test and sent her home. As the pain continued, the Complainant notes she called the Respondent's clinic several more times, only to be told each time that the Respondent was with a patient.

Closed NCFA.

05-11-0036MD -- A patient reports that confidential medical information about her was illegally released from the respondent's office. The actual source of the information was apparently her ex-husband's file.

Closed NCFA.

Recommendation:

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 5 - Healthcare Integrity and ...
Process Date: 06/22/2011
Page: 1 of 1
5 - Healthcare Int...
For authorized use by:
WASHINGTON STATE DEPARTMENT OF
HEALTH

QUERY RESPONSE

5 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Information – RCW 42.56.510, 45 CFR 61.14

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

MEDICAL QUALITY ASSURANCE COMMISSION

CMT

Review of Cases

CMT DATE/
Panel Members/
Decision:

MQAC CMT - JUNE 22, 2011
Richard Brantner, MD, Chair
Ellen Harder, PA-C
Terri Elders, Public Member
Judy Page, JD, Public Member

DECISION: **Investigation authorized**

Case No.: 2011-157375

The attached pages were reviewed:

60-64

MQAC REVIEW
Case Number: 2011-157375

Date: June 15, 2011
Presented by: George Heye, MD

Respondent:	SHINSTROM, DAVID CLAYTON, MD	San Juan County
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Complainant:	San Juan County Sheriff's Office
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CASE SUMMARY

The Respondent:

Board Certified:	FAMILY MEDICINE
DOB:	02-03-1948
Licensed since:	01-15-1979
Expiration date:	02-03-2012
Medical School:	1976—U of Cincinnati Coll of Med; Cincinnati, OH
Residency:	07/1976-06/1977—Maine-Dartmouth Fam Prac Res; ME— FAMILY MEDICINE 07/1977-06/1979—Maine-Dartmouth Fam Prac Res; ME— FAMILY MEDICINE

The Complainant: San Juan County Sheriff's Office

Malpractice Settlement:

The Complaint: The respondent is reportedly issuing an inordinate number of medical marijuana notes for local citizens. One patient was said to be 18 and received the marijuana approval because he cannot take pain medications although he is not suffering from any specific medical issues that may cause him pain.

RCM Review

Prior Cases:

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Closed NCFA.

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Closed NCFA.

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Closed NCFA.

05-11-0036MD – A patient reports that confidential medical information about her was illegally released from the respondent's office. The actual source of the information was apparently her ex-husband's file.

Closed NCFA.

Recommendation:

Hamilton, Cindy (DOH)

From: Cholski, Kristi (DOH)
Sent: Monday, June 06, 2011 9:34 AM
To: Hamilton, Cindy (DOH); Creighton, Vicki I (DOH)
Subject: FW: Complaint: David Shinstrom MD.MD.00017180

A MD complaint for you.

Kristi Cholski

State of Washington, Dept of Health
Office of Customer Service
Complaint Intake Unit
PO Box 47857
Olympia WA 98504-7857
360-236-4934
360-236-4818 fax
360-236-2620 Complaint Intake Unit
kristi.cholski@doh.wa.gov
Complaint form: www.doh.wa.gov/hsqa
Provider Look-up: <https://fortress.wa.gov/doh/providercredentialsearch>

Public Health - Always Working for a Safer and Healthier Washington

From: Yoshinaka, Jeffrey (DOH)
Sent: Monday, June 06, 2011 9:17 AM
To: DOH HSQA Complaint Intake
Subject: Complaint: David Shinstrom MD.MD.00017180

Allegation: Over Authorization of Medical Marijuana.

The San Juan County Sheriff's Office reports over the last two months they have been in contact with about 12 citizens who have displayed authorizations for medical marijuana. They further believe citizens outside San Juan County are also receiving such authorizations. The youngest patient, being 18 years old, reported the reason he was written an authorization for medical marijuana was because he unable to take pain medications, however, also reported no specific medical condition that would cause him pain.

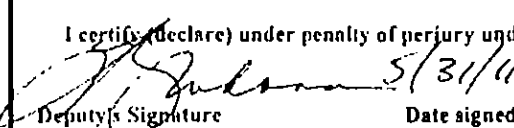


D Shinstrom

D.MD.00017180.pc

Jeffrey Yoshinaka, Supervising Investigator
Washington State Dept of Health
Office of Investigations & Inspections
20435 72nd Ave South, Suite 200
Kent, WA 98032
MS: K17-12
253-395-6706 Office
253-395-6365 Fax

SAN JUAN COUNTY SHERIFF'S OFFICE				COMPLAINT / INFO REPORT				Page	1	of	
NO. ARRESTED		ADULT	JUV	DATE/TIME OF REPORT				CASE NUMBER			
				05/31/11 1633				11-2855			
OFFENSE / EVENT DESCRIPTION:											
Informational Report - CONFIDENTIAL											
CONFIDENTIAL											
REPORTED ON:		MONTH	5/31/11	DAY		YEAR		DOW		TIME	
LOCATION OF OCCURRENCE:											
Orcas Island, WA 98250											
CODES: A-ARREST C-CITATION I-INVOLVED J-JUVENILE R-REPORTING PARTY V-VICTIM W-WITNESS											
CODE	NUMBER	LAST NAME		FIRST NAME		MIDDLE	DOB	SEX	RACE	AGE	
I		Shlnstrom		David		C	2/03/48	M	W	63	
HAIR	EYES	HEIGHT	WEIGHT	DRV. LIC. NUMBER		SOC. SEC. NO.		HOME PHONE		BUS. PHONE	
	BLU	5/09	170	2 - DOH Licensee Dri...				3 - DOH License...		360/376-7778	
RESIDENCE ADDRESS						CITY		STATE		ZIP	
3 - DOH Licensee Health P...						3 - DOH Licen...		3 - ...		3 - DO...	
BUSINESS ADDRESS						CITY		STATE		ZIP	
1286 Mount Baker Rd.						Eastsound		WA		09250	
CHARGES / ADDITIONAL INFORMATION											
Alleged to be dispensing an inordinate amount of medical marijuana prescriptions											
CODES: A-ARREST C-CITATION I-INVOLVED J-JUVENILE R-REPORTING PARTY V-VICTIM W-WITNESS											
CODE	NUMBER	LAST NAME		FIRST NAME		MIDDLE	DOB	SEX	RACE	AGE	
HAIR	EYES	HEIGHT	WEIGHT	ORV. LIC. NUMBER		SOC. SEC. NO.		HOME PHONE		BUS. PHONE	
RESIDENCE ADDRESS						CITY		STATE		ZIP	
BUSINESS ADDRESS						CITY		STATE		ZIP	
CHARGES / ADDITIONAL INFORMATION											
VEHICLE											
YEAR	MAKE	MODEL		COLOR		LICENSE NO.		EXP. DATE		STATE	
VEHICLE ID NUMBER (VIN):						ADDT'L INFO ON SEPARATE SHEET:					
STOLEN / MISSING PROPERTY											
DAMAGED \$				RECOVERED \$				STOLEN \$			
PROPERTY DESCRIPTION:								CONT'D ON SEPARATE SHEET:			
SUMMARY / NARRATIVE:											
<p>On the listed date it was reported to me by Sgt. Vierthaler of Orcas Island that the above listed physician may be dispensing an inordinate amount of medical marijuana prescriptions.</p> <p style="text-align: center;">SECONDARY DISSEMINATION PROHIBITED</p> <p style="text-align: center;">THIS INFORMATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES SECONDARY RPT USE IS RESTRICTED PURSUANT TO RCW 9A.02.010 AND RCW 10.97</p> <p style="text-align: center;">COPIES PROVIDED TO OUR INVESTIGATION SERVICE UNIT</p>											
REPORTING OFFICER:		Det. L. Buchanan #D2				REVIEWING OFFICER:					
SAN JUAN COUNTY SHERIFF'S OFFICE											

SAN JUAN COUNTY SHERIFF'S OFFICE		FOLLOW-UP / NARRATIVE SUPPLEMENT		Page	of
DATE/TIME OF REPORT 05/31/11 1632		CASE NUMBER 11-2855			
OFFENSE / EVENT DESCRIPTION: Informational Report - Confidential					
CODES: A-ARREST C-CITATION I-INVOLVED J-JUVENILE R-REPORTING PARTY V-VICTIM W-WITNESS					
1. RECONSTRUCTION / DESC. INCIDENT / INVESTIGATION 2. VICTIM'S INJURIES; WHERE MED. EXAM OCCURRED 3. PROPERTY DAMAGED - DESCRIBE/LIST LOSS AMOUNT 4. IF SIGNIFICANT, DESCRIBE VEHICLE			5. IDENTIFY UNDEVELOPED LEADS 6. LIST STATEMENTS TAKEN 7. LIST PERSONS FROM WHOM STATEMENTS ARE NEEDED 8. PHYSICAL EVIDENCE - WHAT & WHERE FOUND, BY WHOM, DISPOSITION.		
NARRATIVE:					
<p>On the listed date it was reported to me by Sgt. Vierthaler of Orcas Island that Dr. Shinstrom of the Orcas Family Health Center in Eastsound may be dispensing an inordinate amount of medical marijuana prescriptions. Sgt. Vierthaler stated that he and the Orcas Island Deputies have made contact with approximately one dozen citizens in the last two months who have displayed such prescriptions. He stated that one of the subjects was as young as eighteen years of age, who reported that the reason he received the prescription was because he cannot take pain medications, although he is not suffering from any specific medical issues that may cause him pain. Sgt. Vierthaler also reported that he understands Dr. Shinstrom has issued prescriptions for residents living outside of this county. I subsequently contacted Health Care Investigator Mike Friebe of the Washington State Department of Health who requested that this report be forwarded for follow up by the Medical Quality Assurance Division. A copy was sent on this date. There is nothing further to report at this time.</p>					
SECONDARY DISSEMINATION PROHIBITED THIS INFORMATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES SECONDARY RELEASE IS RESTRICTED PURSUANT TO RCW 41.17 AND RCW 10.97 COPIES PROVIDED BY NON INVESTIGATION SERVICE UNIT					
CONFIDENTIAL					
REPORTING OFFICER:		Det. L. Buchanan #D2		REVIEWING OFFICER:	
I certify (declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.					
 Deputy's Signature		5/31/11 Date signed		San Juan County Sheriff's Office, 96 2 nd street, Friday Harbor, WA. Place Signed	
SAN JUAN COUNTY SHERIFF'S OFFICE					

Case View Screen [update]

Case Status	2011-157375 (PUBLIC) Intake	Date Created	06/15/2011	Audit Entry Items: Document: Notes Master Ca: Participan Add Maste Timeline F
Respondent ID	382320	Date Received	06/06/2011	
Respondent	DAVID CLAYTON SHINSTROM	How Received	Email	
Credential	MD.MD.00017180	Receiving Board	COMMISSION	
		Receiving Profession	Physician And Surgeon License	
		Receiving Department	Case Intake	
		Received By	Cynthia R Hamilton	
Complainant ID	929475	Alleged Issues		
Complainant	San Juan County Sheriffs Office	Patient Care		
		Violation of Federal or State Statutes, Regulations or Rules		
		Case Nature		
		Standard of Care/Services		
		Violation of regulations or rules		
Comments:				

Comments:

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	U
------	----------	-----------------	----------------	---------------	---------	-----	---

Other Participants [add]

No additional participants found

Resolution [update]

Department: Case Intake
Worker: Cynthia R Hamilton
Date Closed:

Found Issues
none
Resolution
none

Resolution Notes:**Current HIPDB Reports****Type****Submission Date****Status****DCN****Case I**

No HIPDB Reports found for this credential.

Action Items [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created ▼
Intake	Case Intake, Hamilton, Cynthia R			06/15/2011	06/15/2011		06/15/2011 Hamilton, Cyr
Target: DAVID CLAYTON SHINSTROM							
Warning:		Warning Type:	CASE PENDING				
		Warning Effective Date:	06/15/2011				
		Suppress License Print:	NO				
		Warning:	2011-157375				
Case Status:		Status Changed To:	Intake				
Action Info:		Complaint Source	Law Enforcement				
		Possible Imminent Danger?	No				



AMA Physician Profile

Name and Mailing Address:

DAVID CLAYTON SHINSTROM MD
STE B102
1286 MOUNT BAKER RD
EASTSOUND WA 98245-8931

Primary Office Address:

ORCAS FAMILY HEALTH CENTER
1286 MOUNT BAKER RD STE B102
EASTSOUND WA 98245-8931

Phone: 1-360-376-7778

Birthdate: 02/03/1948

Birthplace: KIRKLAND, WA UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: FAMILY MEDICINE

Secondary Specialty: UNSPECIFIED

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: NON MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

Current and/or Historical Medical School:

UNIV OF CINCINNATI COLL OF MED, CINCINNATI OH 45267

Degree Awarded: Ycs

Degree Year: 1976



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: ME-DARTMOUTH FAM PRAC RES
Specialty : FAMILY MEDICINE

State: MAINE
07/1976 - 06/1977
(VERIFIED)

Institution: ME-DARTMOUTH FAM PRAC RES
Specialty : FAMILY MEDICINE

State: MAINE
07/1977 - 06/1979
(VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1977

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	01/15/1979	02/03/2012	ACTIVE	UNLIMITED	05/20/2011
MAINE	MD	07/12/1977	10/24/1994	INACTIVE	UNLIMITED	06/06/2011

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1902833007	06/26/2006	NOT RPTD	NOT RPTD	NOT RPTD	06/03/2011



AMA Physician Profile

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX215	22N 33N 4 5	02/28/2014	05/06/2011

Address: Orcas Family Health Center, 1286 Mount Baker Rd Ste B102, Eastsound, WA 98245-8931

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF FAMILY MEDICINE

Certificate: FAMILY MEDICINE

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	07/11/2003	12/31/2013		RE-CERT	06/09/2011
TIME LIMITED	07/11/1997	12/31/2004		RE-CERT(**)	06/09/2011
TIME LIMITED	07/12/1991	12/31/1998		RE-CERT(**)	06/09/2011
TIME LIMITED	07/12/1985	12/31/1992		RE-CERT(**)	06/09/2011



AMA Physician Profile

Certifying Board: AMERICAN BOARD OF FAMILY MEDICINE

Certificate: FAMILY MEDICINE

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	07/08/1979	12/31/1986		INITIAL(**)	06/09/2011

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the ID following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

Credential View Screen

DAVID CLAYTON SHINSTROM Address: <input type="radio"/> Public <input type="radio"/> Mail <input type="radio"/> Renewal Mail [change public address] DAVID CLAYTON SHINSTROM 1286 Mount Baker Rd Ste B102 Eastsound, WA 98245-8931		ID 382320 Warnings SSN/FEIN <input type="text" value="4 - DOH Licen..."/> Contact Standing Living Contact Type INDIVIDUAL Birth Date 02/03/1948 Public File YES Mailing List Legacy Licensure Name SHINSTROM, DAVID CLAYTON	Contact 85-11-0036 Audit NCA Public Cases Cont. Edu Documents Owned By/Key Mgmt Exams Experience Notes Schools Supervises SupervisedBy Legacy Librarian Application Other State License
--	--	---	--

Comments:

Physician And Surgeon License [form letter]

Credential #	MD.MD.00017160	Credential Status	ACTIVE (01/27/2010)	Audit
Legacy License #	MD00017180	Status Reason	ACTIVE	Documents
Application Date		Amount Due	\$0.00	Workflow
Effective Date	01/22/2010	Date Last Activity	1/27/2010 1:35:30 PM	Key Mgmt
Expiration Date	02/03/2012	Last Updated by	Stewart, Kevin	Fees
First Issuance Date	01/15/1979	Certificate Sent Date	01/27/2010	Notes
Last Date Of Contact				Print Docs
CE Due Date	02/03/2012			Comp. Audit
				Renewal
				Legacy

Comments:

Supervises	User Defined License Data	Legacy	HIPDB	
[update]				
Contact Name	Credential	Credential Definition	Board	Supervision Type Status
LAUREL L ANDERSON	PHCT.PH.00001189	PHCT-Pharmacy Collaborative Drug Therapy Agreement	PHARMACY	APPROVED
ROBIN M BECKER	PHCT.PH.00001025	PHCT-Pharmacy Collaborative Drug Therapy Agreement	PHARMACY	APPROVED
Kristen Michele Montgomery	HCA.HC.60041762	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator EXPIRED IN RENEWAL
Dixie Lynn Morrison	HCA.HC.60083468	HCA-Health Care Assistant Certification	SECRETARY	Health Care Assistant Delegator EXPIRED IN RENEWAL
MELISSA J SALAZAR	PA.PA.10004965	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship EXPIRED

2011-157375



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

August 31, 2011

David C. Shinstrom, MD
1286 Mount Baker Road, #B102
Eastsound, WA 98245-8931

Subject: David C. Shinstrom, MD
Re: Case # 2011-157375 MD 00017180

Dear Dr. Shinstrom:

The Medical Quality Assurance Commission has completed its investigation. The Commission is committed to protecting the health and safety of the citizens of the state of Washington. The Commission takes every complaint seriously.

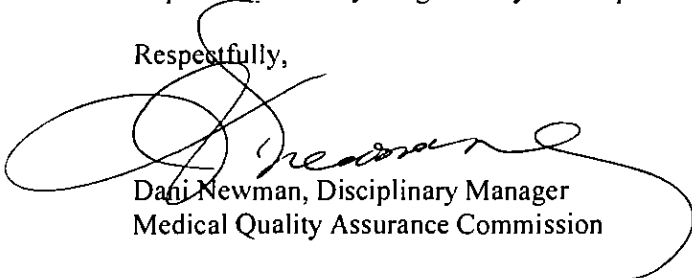
To take disciplinary action against a physician's license, the Commission is required to prove by clear and convincing evidence that the physician's conduct violated the law. After careful review of the information gathered during the investigation, the Commission determined that the evidence does not support a violation of the law. Based on this review, the Commission closed the case.

Washington State law provides you with the right to submit an additional written statement if you wish. Any statement you provide will be added to the investigative file. The investigative file is subject to public release pursuant by the Washington State Public Records Act.

The Washington State Public Records Act also provides you with the right to request copies of documents from the investigative file. If you would like a copy of the investigative report, or copies of documents gathered during the investigation, please submit a request to the Department of Health, Public Disclosure Unit, P.O. Box 47865, Olympia, Washington 98504-7865 or fax your request to 360-586-2171.

The Commission thanks you for your cooperation during this investigation. The Commission understands that being investigated is disconcerting and inconvenient. Many physicians use this experience to initiate a self-critique of their practice and, when indicated, modify or improve certain areas of practice. Thank you again for your cooperation in this matter.

Respectfully,



Dani Newman, Disciplinary Manager
Medical Quality Assurance Commission



EVIDENCE / ATTACHMENTS:

<u>Page</u>	<u>Description</u>
1	NOTICE WAC 246-15-030.
2-4	J. Yoshinaka's e-mail to DOH HSQA dated 06-06-2011, 9:17 a.m. K. Cholsti's e-mail to C. Hamilton dated 06-06-2011, 9:34 a.m. Det. Buchanan's San Juan County Sheriff's Office Report Case # 11- 2855.
5-74	The Respondent's statement to me dated 07-21-2011. Attachment A-a copy of Robert Spears' medical records; Attachment B-a copy of James Nichols' medical records; Attachment C- a copy of the R A

75	F C	7/28/11	inant dated
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76	I L		ndent dated
----	--------	--	-------------

77-80			operation
-------	--	--	-----------

*NOTE: I DID TALK WITH
TIM SLAVIN ABOUT
USING THE WORD
AUTHORIZATION RATHER
THAN PRESCRIBING
WHEN INVESTIGATING
MARIJUANA AUTHORIZA-
TION COMPLAINTS*

THANKS YAS

NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE

Hamilton, Cindy (DOH)

From: Cholski, Kristi (DOH)
Sent: Monday, June 06, 2011 9:34 AM
To: Hamilton, Cindy (DOH); Creighton, Vicki I (DOH)
Subject: FW: Complaint: David Shinstrom MD.MD.00017180

A MD complaint for you.

Kristi Cholski

State of Washington, Dept of Health
Office of Customer Service
Complaint Intake Unit
PO Box 47857
Olympia WA 98504-7857
360-236-4934
360-236-4818 fax
360-236-2620 Complaint Intake Unit
kristi.cholski@doh.wa.gov
Complaint form: www.doh.wa.gov/hsqa
Provider Look-up: <https://fortress.wa.gov/doh/providercredentialsearch>

Public Health - Always Working for a Safer and Healthier Washington

From: Yoshinaka, Jeffrey (DOH)
Sent: Monday, June 06, 2011 9:17 AM
To: DOH HSQA Complaint Intake
Subject: Complaint: David Shinstrom MD.MD.00017180

Allegation: Over Authorization of Medical Marijuana.

The San Juan County Sheriff's Office reports over the last two months they have been in contact with about 12 citizens who have displayed authorizations for medical marijuana. They further believe citizens outside San Juan County are also receiving such authorizations. The youngest patient, being 18 years old, reported the reason he was written an authorization for medical marijuana was because he unable to take pain medications, however, also reported no specific medical condition that would cause him pain.



D Shinstrom
D.MD.00017180.pc

Jeffrey Yoshinaka, Supervising Investigator
Washington State Dept of Health
Office of Investigations & Inspections
20435 72nd Ave South, Suite 200
Kent, WA 98032
MS: K17-12
253-395-6706 Office
253-395-6365 Fax

SAN JUAN COUNTY SHERIFF'S OFFICE				COMPLAINT / INFO REPORT				Page	1	of	
NO. ARRESTED	ADULT	JUV	DATE/TIME OF REPORT				CASE NUMBER				
			05/31/11 1633				11-2865				
OFFENSE / EVENT DESCRIPTION:											
Informational Report - CONFIDENTIAL											
CONFIDENTIAL											
REPORTED ON:		MONTH	5/31/11	DAY		YEAR		DOW		TIME	
LOCATION OF OCCURRENCE:											
Orcas Island, WA 98250											
CODES: A-ARREST C-CITATION I-INVOLVED J-JUVENILE R-REPORTING PARTY V-VICTIM W-WITNESS											
CODE	NUMBER	LAST NAME		FIRST NAME		MIDDLE	DOB	SEX	RACE	AGE	
I		Shinstrom		David		C	2/03/48	M	W	63	
HAIR	EYES	HEIGHT	WEIGHT	DRV. LIC. NUMBER		SOC. SEC. NO.		HOME PHONE		BUS. PHONE	
	BLU	5/09	170	2 - DOH Licensee Driv...				3 - DOH License...		360/376-7778	
RESIDENCE ADDRESS						CITY		STATE	ZIP		
3 - DOH Licensee Health P...						3 - DOH License...		3 - ...	3 - DO...		
BUSINESS ADDRESS						CITY		STATE	ZIP		
1286 Mount Baker Rd.						Eastsound		WA	09250		
CHARGES / ADDITIONAL INFORMATION											
Alleged to be dispensing an inordinate amount of medical marijuana prescriptions											
CODES: A-ARREST C-CITATION I-INVOLVED J-JUVENILE R-REPORTING PARTY V-VICTIM W-WITNESS											
CODE	NUMBER	LAST NAME		FIRST NAME		MIDDLE	DOB	SEX	RACE	AGE	
HAIR	EYES	HEIGHT	WEIGHT	DRV. LIC. NUMBER		SOC. SEC. NO.		HOME PHONE		BUS. PHONE	
RESIDENCE ADDRESS						CITY		STATE	ZIP		
BUSINESS ADDRESS						CITY		STATE	ZIP		
CHARGES / ADDITIONAL INFORMATION											
VEHICLE											
YEAR	MAKE	MODEL		COLOR		LICENSE NO.		EXP. DATE		STATE	
VEHICLE ID NUMBER (VIN):						ADD'TL INFO ON SEPARATE SHEET:					
STOLEN / MISSING PROPERTY											
DAMAGED \$		RECOVERED \$		STOLEN \$							
PROPERTY DESCRIPTION:										CONT'D ON SEPARATE SHEET:	
SUMMARY / NARRATIVE:											
<p>On the listed date it was reported to me by Sgt. Vierthaler of Orcas Island that the above listed physician may be dispensing an inordinate amount of medical marijuana prescriptions.</p> <p style="text-align: center;">SECONDARY DISSEMINATION PROHIBITED</p> <p style="text-align: center;">THIS INFORMATION IS UNCLASSIFIED TO CRIMINAL JUSTICE AGENCIES SECONDARY RELEASE IS RESTRICTED PURSUANT TO RCW 11.17 AND RCW 10.97</p> <p style="text-align: center;">COPIES PROVIDED BY OUR INVESTIGATION SERVICE UNIT</p>											
REPORTING OFFICER:		Det. L. Buchanan #D2				REVIEWING OFFICER:					
SAN JUAN COUNTY SHERIFF'S OFFICE											

SAN JUAN COUNTY SHERIFF'S OFFICE		FOLLOW-UP / NARRATIVE SUPPLEMENT		Page	of
DATE/TIME OF REPORT		CASE NUMBER			
05/31/11 1632		11-2855			
OFFENSE / EVENT DESCRIPTION:					
Informational Report - Confidential					
CODES: A-ARREST C-CITATION I-INVOLVED J-JUVENILE R-REPORTING PARTY V-VICTIM W-WITNESS					
1. RECONSTRUCTION / DESC. INCIDENT / INVESTIGATION			5. IDENTIFY UNDEVELOPED LEADS		
2. VICTIM'S INJURIES; WHERE MED. EXAM OCCURRED			6. LIST STATEMENTS TAKEN		
3. PROPERTY DAMAGED - DESCRIBE/LOSS AMOUNT			7. LIST PERSONS FROM WHOM STATEMENTS ARE NEEDED		
4. IF SIGNIFICANT, DESCRIBE VEHICLE			8. PHYSICAL EVIDENCE - WHAT & WHERE FOUND, BY WHOM, DISPOSITION.		
NARRATIVE:					
<p>On the listed date it was reported to me by Sgt. Vierthaler of Orcas Island that Dr. Shlnstrom of the Orcas Family Health Center in Eastsound may be dispensing an inordinate amount of medical marijuana prescriptions. Sgt. Vierthaler stated that he and the Orcas Island Deputies have made contact with approximately one dozen citizens in the last two months who have displayed such prescriptions. He stated that one of the subjects was as young as eighteen years of age, who reported that the reason he received the prescription was because he cannot take pain medications, although he is not suffering from any specific medical issues that may cause him pain. Sgt. Vierthaler also reported that he understands Dr. Shlnstrom has issued prescriptions for residents living outside of this county. I subsequently contacted Health Care Investigator Mike Friebe of the Washington State Department of Health who requested that this report be forwarded for follow up by the Medical Quality Assurance Division. A copy was sent on this date. There is nothing further to report at this time.</p>					
<p>SECONDARY DISSEMINATION PROHIBITED</p> <p>THIS INFORMATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES SECONDARY RELEASE IS RESTRICTED PURSUANT TO RCW 4A.17 AND RCW 10.97</p> <p>COPIES PROVIDED BY DOH INVESTIGATION SERVICE UNIT</p>					
CONFIDENTIAL					
REPORTING OFFICER:	Det. L. Buchanan #D2		REVIEWING OFFICER:		
<p>I certify (declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</p> <p><i>[Signature]</i> 5/31/11 San Juan County Sheriff's Office, 96 2nd Street, Friday Harbor, WA. Deputy's Signature Date signed Place Signed</p>					
SAN JUAN COUNTY SHERIFF'S OFFICE					

David C. Shinstrom, M.D.
Phoebe Hershenow, A.R.N.P.
501 C3 Non-Profit Rural Health Center



Phone (360)376-7778
Fax (360)376-7706
Tax ID #20-1484437

www.OrcasFamilyHealthCenter.org
1286 Mt Baker Rd. Suite B-102 • Eastsound, WA 98245

RECEIVED

July 21, 2011

JUL 25 2011

Tim Slavin, Investigator
Department of Health, Medical Investigation Unit
P.O. Box 47866
Olympia, WA 98504-7866
Ph 360-236-2778 Fax 360-236-2795

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Dear Mr. Slavin:

I am writing in response to the anonymous individual's concern regarding my "prescribing practice of marijuana." Each of your questions is listed below in bold followed by my response. If you need anything further please contact me at the above telephone number or address.

If you have any information or documentation you deemed necessary for the Medical Commission to review to make an informed decision about this matter please do at this time.

Before answering your specific questions, I would like to give a brief overview. Orcas Island, as you likely know, is a relatively small community of approximately 5,000 residents surrounded by water. As such, there is a certain "closeness" where it is not uncommon for events to have widespread knowledge and awareness. It is also very common for individuals to take a firm, vocal stance regarding their opinion about what other community members are doing. Our clinic is here to meet the needs of all patients regardless of what they might be. Sometimes what we provide is met with negativity. For example, we support our youth in educating them about sexual health and safety while protecting their privacy—this caused someone to comment "I've got an idea, how about you creepy people take care of your kids and I'll take care of mine" in our on line newspaper publication. Unfortunately, providing healthcare in such a small community has those additional challenges. Usually it is simply due to ignorance or a lack of understanding the healthcare process and the laws that apply. With this in mind, we felt it would be prudent to meet with our county prosecutor Randy Gaylord and Norm Stamper retired Seattle Chief of Police in order to educate ourselves and make a proactive plan to educate the community about the Cannabis for Medical Use laws.

Several weeks ago the landlord of a local apartment complex met with me to complain about the behavior of at least one of the individuals named in this complaint. He noted this individual seemed to flaunt the fact he had a medical marijuana authorization and was smoking in his apartment and on the deck in violation of the non-smoking policies of the apartment. I advised he call the local sheriff to address the tenant for not adhering to the no smoking policies. I also told him it was my standard of practice to inform anyone with a medical marijuana authorization that they needed to abide by the rules of RCW Chapter 69.51 A and not smoke in

public. This kind of information is distressing. Unfortunately, I have no control over irresponsible behavior, or how our patients conduct themselves in the community at large. It is still my practice to treat the patients according to their expressed needs within the standards of medical care.

A narrative statement addressing your medical and prescribing rationale of marijuana to

6 - Healthcare information readi... **Eric Whitehead, and** 6 - Healthcare informatio...
6 - Healthcare information re... (last name per patient records): Mr. 6 - Healt... has received medical care in our clinic since January 2009. He has expressed addiction concerns, has shared that he has gone through drug treatment in the past, and has had multiple acute injuries in the past two and a half years. Narcotic prescriptions are not a good option for Mr. 6 - Healt... He has been referred to specialists, has received radiology exams and counseling advice regarding risky behaviors. After assessing Mr. 6 - Healt... intractable pain (pain unrelieved by standard medical treatments and medications), according to RCW Chapter 69.51 A, in my opinion and in response to Mr. 6 - Healt... subjective description of his pain, I advised him of the risks and benefits of cannabis for medical use and informed him that the use of cannabis for medical use may prove beneficial on 09/24/2010.

Eric Whitehead: We have three patients in our database with the last name Whitehead; two females and one male. Our male patient has the first name of Charles. Please provide detailed identifying information to ensure we share information concerning the correct patient.

6 - Healthcare informat... : Mr. 6 - Healthc... has received medical care in our clinic since November 2009. He has had recurrent nausea, vomiting, and abdominal pain as well as acute illnesses and injuries in the past year and a half. Nausea and vomiting are qualifying medical conditions according to RCW Chapter 69.5. In June 2010, Mr. 6 - Healthc... requested a replacement for his expiring authorization for cannabis for medical use which was originally issued to him by a provider in Bellevue, Washington.

Provide a complete copy of 6 - Healthcare information readi... **Eric Whitehead, and** 6 - Healthcare informati... **medical records.**

Complete copies of 6 - Healthcare information re... and 6 - Healthcare informat... medical records are included with this letter as Attachment A and Attachment B respectively. Please provide detailed identifying information for Eric Whitehead to ensure we share information concerning the correct patient.

What percentage of your medical practice is dedicated to the treatment and prescribing of marijuana?

Zero percent of our medical practice is dedicated to prescribing marijuana as it is illegal to do so. Our medical practice is a rural health clinic family practice. We care for nearly 3,000 patients from pediatrics through geriatrics. Our services cover the entire spectrum of family practice medical services from vaccinations to minor surgeries, primary and preventive care, injury care, and after hour's services. We are dedicated to providing access to health care for all regardless of ability to pay and do not focus on any specialty or specific treatment. We do not track the percentage of patients who have received information regarding the risks and benefits of cannabis for medical use, nor those who have received an authorization to use medical cannabis if they so choose. However, it is my estimate that this percentage is less than 5% of all services we provide.

How many patients in your practice are you prescribing marijuana to?

I have prescribed marijuana to zero patients as it is illegal to do so. Cannabis for medical use is not a prescription drug. We can track our patients by finances, age groups, gender, and chronic disease such as diabetes and hypertension; however, we do not track patients according to medication type and we do not keep a list of patients who have received information regarding the risks and benefits of cannabis for medical use, nor those who have received an authorization to use medical cannabis if they so choose.

What are your medical protocol/guidelines in order for a patient to be prescribed marijuana?

Because cannabis for medical use is not a prescription drug, and as it is illegal to prescribe, we do not have medical protocol/guidelines in order for a patient to be prescribed marijuana. As there are no official guidelines for providers published at this time, we have relied directly on the Chapter 69.51A RCW to form a process to follow when informing the patient about the risks and benefits of medical use and providing them with an authorization to use medical cannabis if they so choose. Additionally, we met with our county prosecutor for guidance and have followed the changes in Senate Bill 5073. The *Guide for Patients and Physicians* provided by the Washington Citizens For Medical Rights has information that gave us a starting point. Our process for a patient appointment includes collecting their demographic information, and copying their photo ID at check in for all patients regardless of the reason for their visit. If during their appointment the patient inquires about the appropriateness of medical cannabis, and they have one of the qualifying conditions according to RCW 69.51A.005 as amended by the House in 5073-S2.SL, we review their current medical condition, if appropriate perform an exam, review other treatments they have tried, inform them of other options to treat their condition, advise them of the risks and benefits of Cannabis for medical use, inform them that medical cannabis may prove beneficial in treating their condition and/or their symptoms, have them sign an acknowledgement of the above process that also includes the RCW location to familiarize themselves with the requirements of the law on the medical use of cannabis, and finally provide them with valid documentation authorizing the medical use of cannabis on Washington State approved tamper resistant paper.

Provide a voided copy of your marijuana prescription (Authorization Form).

Although we have no marijuana prescriptions, a voided copy of the Authorization Form provided by the Washington State Medical Association that we print on Washington State approved tamper resistant paper is included as Attachment C.

Where are your patients obtaining their prescribed marijuana?

First, we do not prescribe marijuana as it is illegal to do so. Second, it is our understanding that Federal Judge Fern Smith in *Conant vs. McCaffrey* determined it illegal for doctors to involve themselves in helping a patient acquire marijuana; therefore, we do not have dispensary, growing, or collective garden information to provide to patients, and we do not track where or how they are obtaining medical cannabis.

What percentage of your marijuana patients are from out of the area (not residing on Orcas Island)?

This information has not been tracked. We confirm patients are Washington State residents by their photo ID however we do not keep a list of patients who have received information regarding the risks and benefits of cannabis for medical use, nor those who have received an authorization to use cannabis for medical use if they so choose.

Provide a copy of your C.V.

A copy of my C.V. is included with this letter as Attachment D.

Provide copies of your training certificates in the treatment and prescribing of marijuana.

We are unaware of any specific training modules that provide certificates of completion at this time. However, our administrative staff has dissected Chapter 69.51A RCW and Senate Bill 5073 in order to create a process to follow ensuring our compliance with the original and current law as it is amended. This has taken place over the course of clinical meetings, meetings with the county prosecutor, staff meetings, and follow up sessions.

As I mentioned in the beginning of my letter, if you need anything further please contact me at the above telephone number or address.

Respectfully,



David C. Shinstrom, M.D.

Medical Director, Orcas Family Health Center

Attachment A

David C. Shinstrom, M.D.
Phoebe Hershenow, F.N.P.
501 C3 Non-Profit Rural Health Center



Phone (360)376-7778
Fax (360)376-7706
Tax ID #20-1484433

www.OrcasFamilyHealthCenter.org
1286 Mt Baker Rd, Suite B-102 • Eastsound, WA 98245

CONFIDENTIAL MEDICAL RECORDS

PATIENT:	<div>6 - Healthcare information readily i...</div>	DOB:	<div>6 - Healthcare infor...</div>
ADDRESS:		SSN:	
		HOME:	
		CELL:	
COVERAGE:	Regence - Basic Health #29		
PROVIDER:	David C. Shinstrom, M.D.	MRN:	14710

PREPARER:	Aimee R. Johnson	DATE:	07/19/2011
FOR:	David C. Shinstrom, M.D.	TIME:	09:22 AM
	Orcas Family Health Center	PHONE:	360-376-7778
	1286 Mount Baker Rd # B102	FAX:	360-376-7706
	East Sound, WA 98245		

MESSAGE:
Printed at the request of the Washington State Medical Assurance Commission.

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Orcas Family Health Center

Vital Measurements

Recorded: 12/07/2010 14:56

By: David C. Shinstrom, M.D.

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Blood Pressure	130 / 70 [Arm, Seated]	Pulse	60 bpm

Recorded: 10/28/2010 14:01

By: David C. Shinstrom, M.D.

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Weight	137 lbs - 8 oz	Blood Pressure	110 / 68 [Arm, Seated]
Pulse	62 bpm		

Recorded: 07/20/2010 15:11

By: Dixie L. Morrison

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Temperature	96.5 F [Oral]	Blood Pressure	120 / 80 [Arm, Seated]

Recorded: 07/19/2010 10:36

By: Betsy Greacen, RN

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Weight	122 lbs	Blood Pressure	140 / 80 [Arm, Seated]
Pulse	72 bpm		

Recorded: 07/15/2010 15:01

By: Phoebe J. Hershenow, FNP

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Blood Pressure	98 / 68 [Arm, Seated]	Pulse	74 bpm
Respiration	16 per min		

Recorded: 04/19/2010 16:48

By: Betsy Greacen, RN

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Blood Pressure	110 / 80 [Arm, Seated]	Pulse	60 bpm
Oximetry	99% [Room Air]		

Recorded: 04/19/2010 09:59

By: Betsy Greacen, RN

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Weight	126 lbs	Blood Pressure	110 / 60 [Arm, Seated]
Pulse	76 bpm		

Recorded: 03/04/2010 16:22

By: Phoebe J. Hershenow, FNP

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Temperature	98.1 F [Oral]	Blood Pressure	112 / 70 [Arm, Seated]
Pulse	68 bpm		

Recorded: 02/25/2010 14:35

By: Phoebe J. Hershenow, FNP

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Blood Pressure	128 / 82 [Arm, Seated]		

Recorded: 02/22/2010 15:00

By: Phoebe J. Hershenow, FNP

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Blood Pressure	130 / 100 [Arm, Seated]		

Orcas Family Health Center.

Dictation and Reports [Continued]**Case Management**

04/30/2010

Note Text:

Pharmacy staff report that a prescription for pain meds was filled for him today from a Friday Harbor provider.

Author: Phoebe J. Hershenow, FNP

Case Management

04/20/2010

Note Text:

6 - Health... did not come to his appointment today.

Phone contact attempted, no answer.

At this point I will not prescribe any more narcotics for him.

He admitted that he doesn't feel well when he is not taking pain pills.

The goal of today's visit was to look at options for detox/rehab. He has been on pain pills for months. He is inappropriate and aggressive about asking for refills.

Author: Phoebe J. Hershenow, FNP

Nurse Note

04/19/2010

Note Text:

benedryl 50mg LUA IM.

Author: Betsy Greacen, RN for: Phoebe J. Hershenow, FNP

Radiology Comments

04/06/2010

Note Text:

2 view R hand, f/u on fx and post op, views taken and sent for overread

Author: Dixie L. Morrison for: David C. Shinstrom, M.D.

Case Management

03/05/2010

Note Text:

Call from Dr Burgman's office in Bellingham, they want the pt to come in Monday at 11:30 am for consult and then have surgery next week for hand fx. Tried to call pt at home and they say he does not live there anymore, pt is coming in at 4pm today and we will verify phone and address and let him know about appt.

Author: Dixie L. Morrison for: David C. Shinstrom, M.D.

Imaging

03/04/2010

Note Text:

2 view F/U xray for R hand, views taken and sent for stat overread

Author: Dixie L. Morrison for: Phoebe J. Hershenow, FNP

Imaging

02/25/2010

Note Text:

2 view R hand, F/U xray, fracture, views taken, no overread, will burn to CD for pt when he comes in next as he requested

Author: Dixie L. Morrison for: Phoebe J. Hershenow, FNP

07/19/2011 09:22 AM

MD 2011-2011157375-000013

SHINSTORM, DAVID MD_2011-157375 PAGE 52

Orcas Family Health Center

Dictation and Reports [Continued]

Office Visit

12/07/2010

Patient Name: 6 - Healthcare information readily identifiable to a pers...)

Type: Established Patient

Provider: David C. Shinstrom, M.D.

Opened: 12/07/2010 14:54

Date of Service: 12/07/10

By: David C. Shinstrom, M.D.

Type of Service: Office Visit

Close: 12/07/2010 15:06

Note Type: Office Visit

By: David C. Shinstrom, M.D.

History Source: Patient

CHIEF COMPLAINT:

Prob: Multiple pains

HISTORY:

S: Says he was walking at 11:30 last night and a car drove by, intentionally opened door and got knocked into a ditch. C/O neck pain. Then was in a fight of sometime, got hit in the head with a rock and punched in head. C/O headache, neck pain and left thigh pain. No LOC.

VITALS:

12-07-2010 14:56 Pulse: 60 BPM BP: 130 / 70 [arm - sit]

EXAM:

O: Skin-abrasion left forehead. Diffuse scalp tenderness, no bruising noted. Ears-TMs clear. Eyes-PERRL. Fundi-sharp discs. Neck-supple. Chest-no tenderness. Legs-slightly tender left thigh. No bruising. Normal ROM knees, hips and ankles.

ASSESSMENT:

924.8

CONTUSION-MULTIPLE SITES

Stable

COMMENT:

P: Discussed: Head injury instructions given to caregiver. F/U prn.

Signed off by: David C. Shinstrom, M.D. On: 12/07/10 at 15:06

Author: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Office Visit

10/28/2010

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Provider: David C. Shinstrom, M.D.

Date of Service: 10/28/10

Type of Service: Office Visit

Note Type: Office Visit

History Source: Patient

Type: Established Patient

Opened: 10/28/2010 14:08

By: Aimee R. Johnson

Close: 10/28/2010 14:32

By: David C. Shinstrom, M.D.

CHIEF COMPLAINT:

Prob: Oral marijuana

HISTORY:

S: Has been smoking marijuana for chronic pain. Is trying to quit smoking and would like to try tablets.

VITALS:

10-28-2010 14:01 Weight: 138 lbs Pulse: 62 BPM BP: 110 / 68 [arm - sit]

ASSESSMENT:

338.29 Other Chronic Pain Stable

338.29 Other Chronic Pain Stable

COMMENT:

P: Marinol as below. F/U prn.

PLAN:

MEDICATION MANAGEMENT:

START: Marinol 10 mg oral [capsule] 1 cap(s) PO Q6-8H (Disp# 30 cap(s) Refills - 0)

PRINTED

Signed off by: David C. Shinstrom, M.D. On: 10/28/10 at 14:32

Author: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Office Visit

09/24/2010

Patient Name: 6 - Healthcare information readily identifiable to a person ...

Provider: David C. Shinstrom, M.D.

Date of Service: 09/24/10

Type of Service: Office Visit

Note Type: Office Visit

History Source: Patient

Type: Established Patient

Opened: 09/24/2010 16:12

By: Shelly J. Rankin

Close: 09/24/2010 17:12

By: David C. Shinstrom, M.D.

CHIEF COMPLAINT:

Prob: Right hand pain

HISTORY:

S: Had fracture right 4th and 5th metacarpals treated surgically 7 months ago. C/O continued pain. Has no insurance to return to ortho.

EXAM:

O: Right hand-surgical scar. Not tender to touch.

ASSESSMENT:

815.00

FRACTURE-METACARPAL

Improving

729.5

HAND PAIN

Stable

COMMENT:

P: Advised to get insurance so he can see ortho. Prescription for medical marijuana. F/U prn.

Signed off by: David C. Shinstrom, M.D. On: 09/24/10 at 17:12

Author: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Phone Call-From Patient

07/23/2010

Date 07/23/2010 Time 15:50:36

Patient 6 - Healthcare informatio... DOB 6 - Healthcare info...

From Cynthia A. Dahlinger
Koby To Phoebe J. Hershenow,
FNP

Priority Routine

Subject Phone Call-From Patient.

Message Pt called to ask if you would please fax a 'signed' note, stating that the pt was ill from Sat. 7/17/10 thru 7/22/10 with a cyst, to his probation officer. This is needed to proof that he was sick and that is why he wasn't able to do his community service. The fax number is 360/675-2556 and the officers name is Rob Diekman. The pt can be reached at 6 - Healthcare informat... if you have any questions.

Read by: Phoebe J. Hershenow, FNP (07/23/2010 17:10)

Saved By: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Follow Up

07/20/2010

Culture MRSA sensitive to Septra

Addendum By: David C. Shinstrom, M.D.

On: 07/21/2010 02:25:23 pm

Patient Name: 6 - Healthcare information readily identifiable to a person...

Type: Established Patient

Provider: David C. Shinstrom, M.D.

Opened: 07/20/2010 14:56

Date of Service: 07/20/10

By: Cynthia A. Dahlinger Koby

Type of Service: Office Visit

Close: 07/20/2010 16:42

Note Type: Follow Up

By: David C. Shinstrom, M.D.

History Source: Patient

CHIEF COMPLAINT:

Prob: Painful chin

HISTORY:

S: Has had a sore on chin for the past 3-4 days. Saw another M.D. who attempted to I&D. C/O significant pain. Is on Septra.

VITALS:

07-20-2010 15:11BP: 120 / 80 [arm - sit] Temp: 96.5 F° [oral]

EXAM:

O: Chin-minimal swelling lateral right chin with central pustule. No redness.

ASSESSMENT:

682.9

CELLULITIS

Stable

COMMENT:

P: Seems to be doing well. Patient C/O significant pain. Long discussion re: pain and previous pain seeking behavior.

Signed off by: David C. Shinstrom, M.D. On: 07/20/10 at 16:42

Author: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Pain-Chronic

07/19/2010

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Provider: Phoebe J. Hershenow, FNP

Date of Service: 07/19/10

Type of Service: Office Visit

Note Type: Pain-Chronic

History Source: Patient

Type: Established Patient

Opened: 07/19/2010 10:26

By: Heidi G. Bruce

Close: 07/19/2010 11:21

By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

chin pain

HISTORY:

He had a deep pimple over the weekend and went to OMC to have it drained on Sunday. He was started on Septra. He says he is not taking pain meds and is getting regular UAs as a condition of his probation. The allergy sx have gotten better. He didn't even try to use the nebulizer. He was awake all night because of the pain in his chin.

VITALS:

07-19-2010 10:36 Weight: 122 lbs Pulse: 72 BPM BP: 140 / 80 [arm - sit]

EXAM:

Uncomfortable, unhappy affect.

R chin, dressing stained. wick was stuck to gauze and pulled out when dressing was removed. no active drainage. cheek and lower jaw swollen.

ASSESSMENT:

682.9

CELLULITIS

Stable

PLAN:

Plan Comments:

continue antibiotics

offered non narcotic and non benzo pain/sleep options but he declined and left angry.

Signed off by: Phoebe J. Hershenow, FNP On: 07/19/10 at 11:21

Author: Phoebe J. Hershenow, FNP

Dictation and Reports [Continued]

Office Visit

07/15/2010

Patient Name: 6 - Healthcare information readily identifiable to a person

Provider: Phoebe J. Hershenow, FNP

Date of Service: 07/15/10

Type of Service: Office Visit

Note Type: Office Visit

History Source: Patient

Type: Established Patient

Opened: 07/15/2010 13:53

By: Holly D. Lund

Close: 07/15/2010 15:17

By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

allergies

breathing problems

syncope

HISTORY:

He's on probation and goes to compass health and had court ordered UAs. He's been clean and sober for 3 weeks at least.

His allergies have been bothering him a lot. According to his girlfriend he has been breathing at night just like her friends who use nebulizers, his lungs are whistling.

He takes Zyrtec, but it doesn't help.

He used a steroid inhaler before, but it gave him bloody noses.

Yesterday he got up from the couch and the next thing he remembers, he was on the floor.

His girlfriend says that he was shaking and not making sense and it lasted 5 minutes. No incontinence or tongue biting.

This AM he started to do something similar, but it wasn't as bad.

VITALS:

07-15-2010 15:01 Pulse: 74 BPM BP: 98 / 68 [arm - sit] Resp: 16 / min

EXAM:

Flat affect. skin clear

HEENT: TMs clear, shiny.

OP red, uvula flaccid.

neck supple, no m

chest completely clear.

HR reg

ASSESSMENT:

786.05 Shortness of Breath New Problem

780.2 SYNCOPE New Problem

477.9 ALLERGIC RHINITIS Stable

PLAN:

Plan Comments:

Trial of albuterol neb at night, see if relieves sx. FU monday with report.

Continue zyrtec in AM, benedryl at night

Nasonex spray - new Rx

Needs to apply for DSHS, this has been addressed with him many times.

Ideally, he should have a neurology eval to look at possible seizure disorder, but he will need to have some coverage soon. (hx of head injury and poly substance abuse)

Signed off by: Phoebe J. Hershenow, FNP On: 07/15/10 at 15:17

Author: Phoebe J. Hershenow, FNP

Dictation and Reports [Continued]

Follow Up

04/19/2010

Patient Name: 6 - Healthcare information readily identifiable to a perso...]
Provider: Phoebe J. Hershenow, FNP
Date of Service: 04/19/10
Type of Service: Office Visit
Note Type: Follow Up
History Source: Patient

Type: Established Patient
Opened: 04/19/2010 16:45
By: Heidi G. Bruce
Close: 04/19/2010 17:22
By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

allergic rxn

HISTORY:

He took his first dose of Diclofenac 1 hr ago. About 15 min ago his eyes started to swell up. The chest pain for which he took the diclofenac is no better. No resp sx. this is similar to the rxn he had with ibuprofen in the past.

VITALS:

04-19-2010 16:48Pulse: 60 BPMBP: 110 / 80 [arm - sit]Oximetry: 99% [RA]

EXAM:

Anxious, upper and lower lids swollen. Still able to open his eyes.
voice clear, no involvement of lips or face.
Chest CTA
skin clear other than eyelids.

ASSESSMENT:

995.3	ALLERGIC REACTION	Stable
338.29	Other Chronic Pain	Stable

PLAN:

Plan Comments:

Benedryl 50mg IM now
prednisone 20mg PO now.
observed for 30 min. No increased swelling. mouth, throat, chest unaffected.
Pt still c/0 of chest wall pain and insisting aggressively on pain meds.
Discussed detox/rehab. He says he went through a detox once before. He doesn't think he has a problem, but agrees to a referral tomorrow if he can just get a few pain pills for tonight.
Plan; oxy 5mg #10, appt for 10AM tomorrow. No refills if he does not follow up.

Signed off by: Phoebe J. Hershenow, FNP On: 04/19/10 at 17:22

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Office Visit

04/19/2010

Patient Name: 6 - Healthcare information readily identifiable to a perso...

Provider: David C. Shinstrom, M.D.

Date of Service: 04/19/10

Type of Service: Office Visit

Note Type: Office Visit

History Source: Patient

Type: Established Patient

Opened: 04/19/2010 09:55

By: Heidi G. Bruce

Close: 04/19/2010 10:45

By: David C. Shinstrom, M.D.

CHIEF COMPLAINT:

Prob: Chest pain

HISTORY:

S:> For the past 2-3 days has had anterior chest pain that at times is sharp. Has trouble sleeping. Pain is worse with movement. breathing and swallowing. No injury.

VITALS:

04-19-2010 09:59 Weight: 126 lbs Pulse: 76 BPM BP: 110 / 60 [arm - sit]

EXAM:

O: Lungs-clear throughout. CV-RR no murmurs. Chest wall-tender sternum and costochondral junctions.

ASSESSMENT:

733.6

COSTOCHONDRITIS

Stable

COMMENT:

P: Patient requested pain meds, advised not indicated. Trial of diclofenac 75 mg bid #20. F/U if no better.

Signed off by: David C. Shinstrom, M.D. On: 04/19/10 at 10:45

Author: David C. Shinstrom, M.D.

Dictation and Reports [Continued]

Office Visit

04/06/2010

Patient Name: 6 - Healthcare information re...) Type: Established Patient
Provider: David C. Shinstrom, M.D. Opened: 04/06/2010 14:12
Date of Service: 04/06/10 By: David C. Shinstrom, M.D.
Type of Service: Office Visit Close: 04/06/2010 14:19
Note Type: Office Visit By: David C. Shinstrom, M.D.
History Source: Patient

CHIEF COMPLAINT:

Prob: F/U fracture right 4th and 5th MT

HISTORY:

S: Is two weeks S/P surgical repair of above. Now 4 weeks S/P fracture. Has had cast off, C/O persistent burning pain ove fracture site. Also C/O decreased ROM 4th and 5th fingers.

EXAM:

O: Right hand-some swelling of right 4th and 5th MP joint. Surgical incision well healed. x-ray-good alignment

ASSESSMENT:

815.00 FRACTURE-METACARPAL Improving

COMMENT:

P: Patient denies he is seeking pain meds other than to treat pain. Has been through drug treatment in the past. Advised to wear a splint more. elevation. x-rays to Dr. Bergman. Oxycodone 5 mg prn #10. Agrees to no more pain medication, use sparingly.

Signed off by: David C. Shinstrom, M.D. On: 04/06/10 at 14:19

Author: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Clinic Message

04/05/2010

Date 04/05/2010 **Time** 15:29:31
Patient [6 - Healthcare information ...] **DOB** [6 - Healthcare inf...]
From Dixie L. Morrison **To** Kristen Montgomery, MA
Priority Routine
Subject Clinic Message

Message pt calling to find out if we have heard anything yet from his surgeon, I did not see any notes stating that they had called us, nor was a refill done. Please call him at [6 - Healthcare informatio...]

From: Kristen Montgomery, MA (04/05/2010 16:07)

Message:

Per Terri Pacific Rim Ortho will not authorize rf. pt notified and will refer back to Orthopedist w/ any other concerns.

Msg Read by: Kristen Montgomery, MA (04/05/2010 16:07)

Saved By: Kristen Montgomery, MA

Orcas Family Health Center

Dictation and Reports [Continued]

Medication-refill needed

04/05/2010

Date 04/05/2010**Time** 10:50:51**Patient** 6 - Healthcare informatio...**DOB** 6 - Healthcare inf...**From** Cynthia A. Dahlinger
Koby**To** Kristen Montgomery, MA**Priority** Routine**Subject** Medication-refill needed**Message** Pt called to ask for another refill of his pain
medication. He isn't near a phone so he will call
back in a few hours to see if he can pick up the rx.**From:** Kristen Montgomery, MA (04/05/2010 13:42)**Message:**per DS pt needs to call his surgeon, to request rf of
oxycodone and have there office call us to ok the rf. pt
understood. we will await phone call.**Msg Read by:** Kristen Montgomery, MA (04/05/2010 13:42)

Saved By: Kristen Montgomery, MA

Orcas Family Health Center.

Dictation and Reports [Continued]

Medication-problems with

03/29/2010

Date 03/29/2010 **Time** 11:03:33
Patient 6 - Healthcare information ... **DOB** 6 - Healthcare info...
From Cynthia A. Dahlinger Koby **To** Betsy Greacen, RN
Priority Routine
Subject Medication-problems with
Message Pt called and would like to speak to Dave about his rx. He can be reached at 376-7041.

From: Betsy Greacen, RN (03/29/2010 11:22)
Message:
requesting refill of oxycodone. Per Dr. Shinstrom, okay for only one refill. Printed.

Msg Read by: Betsy Greacen, RN (03/29/2010 11:22)

Saved By: Betsy Greacen, RN

Orcas Family Health Center

Dictation and Reports [Continued]

Suture Removal

03/23/2010

Given oxycodone 5 mg #20.

Addendum By: David C. Shinstrom, M.D.

On: 03/23/2010 11:11:19 am

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Provider: David C. Shinstrom, M.D.

Date of Service: 03/23/10

Type of Service: Office Visit

Note Type: Suture Removal

History Source: Patient

Type: Established Patient

Opened: 03/23/2010 10:41

By: Heidi G. Bruce

Close: 03/23/2010 11:04

By: David C. Shinstrom, M.D.

CHIEF COMPLAINT:

Prob: F/U fracture right 4th and 5th metacarpals

HISTORY:

S: Has surgical pinning of fracture 10 days ago. Here for suture removal and casting. Still C/O throbbing pain especially worse at night.

EXAM:

O: Right hand-splint removed. Surgical incision well healed and clean. Slight swelling. No redness or signs of infection.

ASSESSMENT:

815.00

FRACTURE-METACARPAL

Improving

COMMENT:

P: Sutures removed. Placed in gutter cast with immobilized 4th and 5th fingers. will contact Dr. Bergman re: length on casting.

Signed off by: David C. Shinstrom, M.D. On: 03/23/10 at 11:04

Author: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Fracture

03/04/2010

Patient Name: 6 - Healthcare information readily identifiable to a pers...) Type: Established Patient
Provider: Phoebe J. Hershenow, FNP Opened: 03/04/2010 15:37
Date of Service: 03/04/10 By: Cynthia A. Dahlinger Koby
Type of Service: Office Visit Close: 03/04/2010 16:30
Note Type: Fracture By: Phoebe J. Hershenow, FNP
History Source: Patient

CHIEF COMPLAINT:

FU fracture

HISTORY:

He hasn't rewrapped the splint. It still hurts a lot. Any movement of his free fingers hurts his hand.

VITALS:

03-04-2010 16:22 Pulse: 68 BPM BP: 112 / 70 [arm - sit] Temp: 98.1 F° [oral]

EXAM:

inattentive, sedated appearance.
flash of impatience at request to wait until tomorrow to have cast placed (or ortho referral).
Hand still swollen.

RAD REPORTS:

oblique view shows continued displacement
AP aligned.

ASSESSMENT:

815.00

FRACTURE-METACARPAL

Improving

PLAN:**Plan Comments:**

send for overread, try to get an orthopedist to look at it and advise us as to if it can be casted or should it be repaired.
Will ask Dr. Burgman to look at it later.
Pt sent home, he will come back tomorrow.
norco rx refilled.

Signed off by: Phoebe J. Hershenow, FNP On: 03/04/10 at 16:30

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Fracture

02/25/2010

Patient Name: 6 - Healthcare information readily identifiable to a perso...

Provider: Phoebe J. Hershenow, FNP

Date of Service: 02/25/10

Type of Service: Office Visit

Note Type: Fracture

History Source: Patient

Type: Established Patient

Opened: 02/25/2010 13:23

By: Dixie L. Morrison

Close: 02/25/2010 14:47

By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

FU 4th and 5th metatarsal fx.

HISTORY:

It hurts and is swollen despite elevating it. The pain pills don't help.

He and his girlfriend are talking about dealing with stress better. Splint is intact.

VITALS:

02-25-2010 14:35BP: 128 / 82 [arm - sit]

EXAM:

Subdued, flushed, nearly tearful at times.

R hand very swollen, discolored. open areas to knuckles not swollen or red.

DIAGNOSTIC PROCEDURES:

Post reduction films from 2/23 showed good alignment of 4th, but 5th was still angulated. Dr. Shinstrom reduced the 5th metatarsal fx prior to repeat films today and reduction was near-complete.

ASSESSMENT:

815.00

FRACTURE-METACARPAL

Improving

PLAN:**Plan Comments:**

initial gutter splint removed prior to reduction and films and new splint applied.

Wounds on hand cleaned and anointed.

Change Darvocet to Norco. Pt knowledgeable about pain meds, specifically requesting something without too much tylenol in it.

FU in one week.

Ice, elevate.

Signed off by: Phoebe J. Hershenow, FNP On: 02/25/10 at 14:47

Author: Phoebe J. Hershenow, FNP

Dictation and Reports [Continued]

Injury-Acute

02/22/2010

Patient Name: 6 - Healthcare information readily identifiable to a perso...

Type: Established Patient

Provider: Phoebe J. Hershenow, FNP

Opened: 02/22/2010 14:38

Date of Service: 02/22/10

By: Phoebe J. Hershenow, FNP

Type of Service: Office Visit

Close: 02/22/2010 15:39

Note Type: Injury-Acute

By: Phoebe J. Hershenow, FNP

History Source: Patient

CHIEF COMPLAINT:

acute R hand injury

HISTORY:

Arguing with his girlfriend. Punched a bench. this happened an hour ago.

VITALS:

02-22-2010 15:00BP: 130 / 100 [arm - sit]

EXAM:

Withdrawn, cooperative. intermittent eye contact. Here with solicitous girlfriend. Dorsum of r hand markedly swollen and discolored. moderate deformity visible under swelling.

RAD REPORTS:

4th and 5th metacarpal fractures. Angulated.

ASSESSMENT:

815.00

FRACTURE-METACARPAL

New Problem

PLAN:

Plan Comments:

Procedure:

Hematoma block, closed reduction, gutter splint, repeat films. Good reduction of 4th, fair reduction of 5th.

plan: Elevate, ice.

Darvocet for pain

FU in 2 days to Xray and consider reducing 5th a bit more.

Signed off by: Phoebe J. Hershenow, FNP On: 02/22/10 at 15:39

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Test - imaging

09/16/2009

Date 09/16/2009 **Time** 16:18:07
Patient 6 - Healthca... **DOB** 6 - Healthcare info...
From Dixie L. Morrison **To** David C. Shinstrom, M.D.
Priority Routine
Subject Test - imaging
Message 3 view R ankle for Dr Russell, 719.47, views taken
and burned to CD. Views ok?

From: David C. Shinstrom, M.D. (09/16/2009 16:20)

Message:

Reviewed. Adequate for interpretation.

Msg Read by: David C. Shinstrom, M.D. (09/16/2009 16:20)

Saved By: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Test - imaging

08/11/2009

Date 08/11/2009 **Time** 16:34:34
Patient 6 - Healthcare informatio... **DOB** 6 - Healthcare inf...
From Dixie L. Morrison **To** David C. Shinstrom, M.D.
Priority Routine
Subject Test - imaging
Message 3 view R ankle for Dr Russell, 719.47, views taken
and burned to CD, views ok.

From: David C. Shinstrom, M.D. (08/11/2009 16:38)**Message:**

Reviewed. X-rays adequate for interpretation.

Msg Read by: David C. Shinstrom, M.D. (08/11/2009 16:38)

Saved By: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Test - imaging

01/27/2009

Date 01/27/2009 Time 14:23:03
Patient 6 - Healthcare informatio... DOB 6 - Healthcare info...
From Dixie L. Morrison To David C. Shinstrom, M.D.
Priority Routine
Subject Test - imaging
Message 3 view R hand for Dr Russell, views taken and
burned to disc for pt to take to DR Russell, views
ok? Dx code 959.4

From: David C. Shinstrom, M.D. (01/27/2009 14:27)

Message:

Reviewed adequate for interpretation

Msg Read by: David C. Shinstrom, M.D. (01/27/2009 14:27)

Saved By: David C. Shinstrom, M.D.

Attachment B

David C. Shinstrom, M.D.

Phoebe Hershenow, F.N.P.

501 C3 Non-Profit Rural Health Center



Phone (360)376-7778

Fax (360)376-7706

Tax ID #20-154437

www.OrcasFamilyHealthCenter.org
1286 Mt Baker Rd, Suite B-102 • Eastsound, WA 98245

CONFIDENTIAL MEDICAL RECORDS

PATIENT:

DOB:

ADDRESS:

6 - Healthcare information readily id...

SSN:

6 - Healthcare informati...

HOME:

CELL:

COVERAGE:

PROVIDER: Phoebe J. Hershenow, FNP

MRN: 15883

PREPARER: Aimee R. Johnson

DATE: 07/19/2011

FOR: David C. Shinstrom, M.D.

TIME: 09:51 AM

Orcas Family Health Center
1286 Mount Baker Rd # B102
East Sound, WA 98245

PHONE: 360-376-7778

FAX: 360-376-7706

MESSAGE:

Printed at the request of the Washington State Medical Assurance Commission.

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Orcas Family Health Center

Vital Measurements

Recorded: 05/31/2011 16:39

By: David C. Shinstrom, M.D.

MEASUREMENT	VALUE
Blood Pressure	140 / 80 [Arm, Seated]

MEASUREMENT	VALUE
Pulse	72 bpm

Recorded: 05/02/2011 14:25

By: David C. Shinstrom, M.D.

MEASUREMENT	VALUE
Blood Pressure	130 / 84 [Arm, Seated]

MEASUREMENT	VALUE
Pulse	84 bpm

Recorded: 04/18/2011 14:30

By: David C. Shinstrom, M.D.

MEASUREMENT	VALUE
Blood Pressure	142 / 80 [Arm, Seated]

MEASUREMENT	VALUE
Pulse	80 bpm

Recorded: 04/08/2011 14:12

By: David C. Shinstrom, M.D.

MEASUREMENT	VALUE
Blood Pressure	142 / 90 [Arm, Seated]

MEASUREMENT	VALUE
-------------	-------

Recorded: 04/04/2011 15:09

By: Phoebe J. Hershenow, FNP

MEASUREMENT	VALUE
Blood Pressure	150 / 80 [Arm, Seated]

MEASUREMENT	VALUE
Pulse	72 bpm

Recorded: 11/30/2010 10:16

By: David C. Shinstrom, M.D.

MEASUREMENT	VALUE
Temperature	97.5 F [Oral]

MEASUREMENT	VALUE
Blood Pressure	130 / 79 [Arm, Seated]

Recorded: 11/30/2010 10:03

By: Dawn K. Grace

MEASUREMENT	VALUE
Temperature	97.5 F [Oral]

MEASUREMENT	VALUE
Blood Pressure	130 / 79 [Arm, Seated]

Recorded: 11/18/2010 15:17

By: Phoebe J. Hershenow, FNP

MEASUREMENT	VALUE
Temperature	99.7 F [Oral]

MEASUREMENT	VALUE
-------------	-------

Recorded: 11/11/2010 13:54

By: Dawn K. Grace

MEASUREMENT	VALUE
Temperature	97.3 F [Oral]
Oximetry	98% [Room Air]

MEASUREMENT	VALUE
Blood Pressure	122 / 70 [Arm, Seated]

Recorded: 10/26/2010 10:18

By: Phoebe J. Hershenow, FNP

MEASUREMENT	VALUE
Blood Pressure	122 / 78 [Arm, Seated]
Respiration	16 per min

MEASUREMENT	VALUE
Pulse	72 bpm

Recorded: 08/30/2010 09:54

By: Betsy Greacen, RN

MEASUREMENT	VALUE
Weight	160 lbs
Pulse	70 bpm

MEASUREMENT	VALUE
Blood Pressure	120 / 74 [Arm, Seated]

Orcas Family Health Center

Vital Measurements [Continued]

Recorded: 07/07/2010 12:26

By: Phoebe J. Hershenow, FNP

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Blood Pressure	122 / 84 [Arm, Seated]	Pulse	80 bpm
Respiration	16 per min		

Recorded: 06/11/2010 15:05

By: Dixie L. Morrison

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Weight	171 lbs	Blood Pressure	108 / 60 [Arm, Seated]

Recorded: 05/11/2010 11:10

By: Dixie L. Morrison

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Weight	172 lbs	Temperature	97.4 F [Oral]
Blood Pressure	152 / 84 [Arm, Seated]	Pulse	52 bpm

Recorded: 11/02/2009 11:46

By: Phoebe J. Hershenow, FNP

MEASUREMENT	VALUE	MEASUREMENT	VALUE
Temperature	100.6 F [Oral]	Blood Pressure	130 / 90 [Arm, Seated]
Pulse	90 bpm		

Problem List**Chronic Problems**

*Indicates an approximate date

DESCRIPTION	DIAGNOSIS	ONSET DATE
NECK PAIN	723.1	04/18/2011
HEADACHE	784.0	11/30/2010
Unspecified Mental or Behavioral Problem	V40.9	10/26/2010
CARBUNCLE AND FURUNCLE	680	07/07/2010

Temporary Problems

*Indicates an approximate date

DESCRIPTION	DIAGNOSIS	ONSET DATE
Sprain of Unspecified Site of Shoulder and Upper Arm	840.9	04/04/2011
Pneumonia Due to Mycoplasma Pneumoniae	483.0	11/30/2010
Otalgia Unspecified	388.70	11/18/2010
OTITIS MEDIA	382.9	11/11/2010
URI ACUTE	465.9	11/11/2010
Variants of Migraine With Intractable Migraine So Stated	346.21	08/30/2010
OPEN WOUND-FINGER	883.0	06/11/2010
CELLULITIS	682.9	06/11/2010
ABDOMINAL PAIN-GENERALIZED	789.07	02/26/2010
INFLUENZA	487.1	11/02/2009

Orcas Family Health Center

Medication List / Allergy Information**Medication List / Allergy Information**

MEDICATION	SIG	START DATE
medical marijuana [Substitutions Permitted] - Chronic	0 IM	06/01/2010
oxycodone 5 mg [tablet] [Substitutions Permitted] -	1 tab(s) PO Q4-6H	05/02/2011
Percocet 5/325 325 mg-5 mg [tablet] [Substitutions Permitted] -	1 tab(s) PO Q4-6H	04/08/2011
cyclobenzaprine 10 mg [tablet] [Substitutions Permitted] -	1 tab po tid prn muscle spasm	04/04/2011
Vicodin 500 mg-5 mg [tablet] [Substitutions Permitted] -	1-2 tabs po q 4-6 hrs prn severe pain not controlled by other meds.	04/04/2011
Marinol 10 mg [capsule] [Substitutions Permitted] -	1 cap(s) PO Q4-8H	11/30/2010
Omeprazole 40 mg [delayed release capsule] [Substitutions Permitted] -	1 cap(s) PO once a day	10/26/2010

Recorded Allergies

ALLERGEN	REACTION
Imitrex	whole body on fire

Patient History**Medication History**

START DATE	STOP DATE	MEDICATION	STOP REASON
11/18/2010	04/04/2011	Cortisporin Otic 1%-0.35%-10000 units/mL [solution] 4 drop(s) OTIC 4 times a day	Complete
11/30/2010	04/04/2011	doxycycline monohydrate 100 mg [tablet] 1 tab(s) PO 2 times a day	Complete
08/26/2010	04/04/2011	promethazine 25 mg [tablet] 1 tab(s) PO Q6-8H	--No Reason--
10/26/2010	04/04/2011	"Dentemp"kit as directed	--No Reason--
11/11/2010	04/04/2011	Augmentin 875 mg-125 mg [tablet] 1 tab(s) PO BID	Complete
11/11/2010	04/04/2011	Promethazine with Codeine 10 mg-6.25 mg/5 mL [syrup] 5 milliliter(s) PO Q4-6H	Complete
07/07/2010	08/26/2010	Septra DS 800 mg-160 mg [tablet] 1 tab(s) PO 2 times a day	--No Reason--
02/26/2010	05/11/2010	promethazine 25 mg [suppository] 1 suppository(ies) REC Q4-6H	med list from Chronic to Acute
11/02/2009	02/26/2010	Promethazine with Codeine 10 mg-6.25 mg/5 mL [syrup] 5 milliliter(s) PO Q4-6H	--No Reason--

Orcas Family Health Center

Dictation and Reports

Communication to/from Patient

05/11/2011

DISTRICT COURT
FILED

MAY 11 2011

By _____
San Juan County, WashingtonIN THE DISTRICT COURT OF WASHINGTON
IN AND FOR THE COUNTY OF SAN JUANSTATE OF WASHINGTON,
Plaintiff,

v.

JAMES FORREST NICHOLS AKA: WALKER
Defendant.

DOB: 8-30-81

SID: WA2510084

Ht: 6'4" Wt: 170 Eyes: HZ Hair:

No. 11-17

DOMESTIC VIOLENCE NO CONTACT ORDER
(NOCON)☐ Preliminary Appearance☐ Pre-trial☒ Appendix to Judgment and Sentence

1. Based upon the certification of probable cause and/or other documents contained in the case record, testimony, and the statements of counsel, the court finds that the defendant has been charged with, arrested for, or convicted of a domestic violence offense, and further finds that to prevent possible recurrence of violence, this Domestic Violence No-Contact Order shall be entered pursuant to chapter 10.99 RCW. This order protects:

RIVER M. BLEUSTEIN - OLSEN, 3/12/88, W, F; ABBIGAIL BLEUSTEIN - OLSEN 4/26/10;
 (Protected person's name, or if a minor initials, and DOB)
STAN BLEUSTEIN 8/24/67, KARA BLEUSTEIN - SALT 3/31/96; KIMBER SALT 3/15/56; AUTUMN BLEUSTEIN - OLSEN 9/18/89;
 2. The court further finds that the defendant's relationship to the person(s) protected by this order is: ADAM HOLYONK 9/24/88.

- ☒ current or former spouse, RIVER M. BLEUSTEIN - OLSEN
☐ parent of a common child;
☐ current or former cohabitant as intimate partner;
☒ other family or household member as defined in RCW 10.99.

3. ☐ (pretrial order) The court makes the following findings pursuant to RCW 9.41.800: ☐ the defendant used, displayed, or threatened to use a firearm or other dangerous weapon in a felony; ☐ the defendant previously committed an offense that makes him or her ineligible to possess a firearm under the provisions of RCW 9.41.040; or ☐ possession of a firearm or other dangerous weapon by the defendant presents a serious and imminent threat to public health or safety, or to the health or safety of any individual.

IT IS ORDERED THAT THE DEFENDANT IS PROHIBITED FROM:

- A. Causing or attempting to cause physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, stalking, or keeping under surveillance the protected person(s).
 B. Coming near or within 1000 feet from, and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing or service of process of court documents by a third party or contact by defendant's lawyers, with the protected person(s).
 C. Entering, or knowingly coming within or remaining within 1000 feet (distance) of the protected person(s)'s ☒ residence(s), ☒ school(s), ☒ place(s) of employment, ☒ other: MR. NICHOLS MAY BE ON ROSARIO GARLANDS SO LONG AS IN THE COURSE & SCOPE OF EMPLOYMENT.
 D. ☐ (Pretrial RCW 9.41.800 findings made) Obtaining or possessing a firearm, other dangerous weapon or concealed pistol license.

DOMESTIC VIOLENCE NO CONTACT ORDER [rev. 07/07/06]

B:\Forms\Criminal\District\DV No-Contact - Rev\DV No Contact Order 012207.wpd

Page 1 of 2

[This report is continued on the following page]

Orcas Family Health Center

Dictation and Reports [Continued]

Communication to/from Patient [Continued]

05/11/2011

- ☒ (Conviction of offense listed in RCW 9A.104(2)) Obtaining, possessing or owning a firearm.
☐ (Pretrial Order) The defendant shall immediately surrender all firearms and other dangerous weapons within the defendant's possession or control and any concealed pistol license to the San Juan County Sheriff's Office.

WARNINGS TO THE DEFENDANT. Violation the provisions of this order with actual notice of its terms is a criminal offense under chapter 26.50 RCW and will subject a violator to arrest; any assault, drive-by shooting, or reckless endangerment that is a violation of this order is a felony.

Willful violation of this order is punishable under RCW 26.50.110. Violation of this order is a gross misdemeanor unless one of the following conditions apply: Any assault that is a violation of this order and that does not amount to assault in the first degree or second degree under RCW 9A.36.011 or 9A.36.021 is a class C felony. Any conduct in violation of this order that is reckless and creates a substantial risk of death or serious physical injury to another person is a class C felony. Also, a violation of this order is a class C felony if the defendant has at least 2 previous convictions for violating a protection order under Titles 7, 10, 26 or 74.

If the violation of the protection order involves travel across a state line or the boundary of a tribal jurisdiction, or involves conduct within the special maritime and territorial jurisdiction of the United States, which includes tribal lands, the defendant may be subject to criminal prosecution in federal court under 18 U.S.C. sections 2261, 2261A, or 2262.

In addition to the state and federal prohibitions against possessing a firearm upon conviction of a felony or a qualifying misdemeanor, upon the court issuing a no-contact order after a hearing at which the defendant had an opportunity to participate, the defendant, if a spouse or former spouse, a parent of a common child, or a current or former cohabitant or intimate partner of the person(s) protected by this order, may not possess a firearm or ammunition for as long as the no-contact order is in effect. 18 U.S.C. section 922(g). A violation of this federal firearms law carries a maximum possible penalty of 10 years in prison and a \$ 250,000 fine. If the defendant is convicted of an offense of domestic violence, the defendant will be forbidden for life from possessing a firearm or ammunition. 18 U.S.C. section 922(g)(9); RCW 9A.1040.

YOU CAN BE ARRESTED EVEN IF ANY PERSON OR PERSONS PROTECTED BY THIS ORDER INVITE OR ALLOW YOU TO VIOLATE THE ORDER'S PROHIBITIONS. You have the sole responsibility to avoid or refrain from violating the order's provisions. Only the court can change the order upon written application.

Pursuant to 18 U.S.C. section 2265, a court in any of the 50 states, the District of Columbia, Puerto Rico, any United States territory, and any tribal land within the United States shall accord full faith and credit to the order.

It is further ordered that the Clerk of the Court shall forward a copy of this order on or before the next judicial day to: San Juan County [X] County Sheriff [] Police Department where the above-named protected person(s) live(s), which shall enter it in a computer-based criminal intelligence system available in this state used by law enforcement to list outstanding warrants.

- [] This order issued at a preliminary appearance. The order shall remain in effect for only 72 hours from time of arrest [excluding weekends and holidays] if charges are not filed within that time period; if charges are filed within the 72 hour period, the order shall remain in effect for (1) one year, or (2) the entry of a modified order, an order of dismissal, a judgment and sentence, or an acquittal of the charge, whichever occurs first.
- [] This order issued at or after arraignment and prior to sentencing, the Order shall remain in effect for (1) one year, or (2) the entry of a modified order, an order of dismissal, a judgment and sentence, or an acquittal of the charge, whichever occurs first.
- ☒ This order issued at or after sentencing, the order shall expire on * May 11, 2016. If no date is provided in the preceding sentence, this order shall expire two years from today's date.

If the duration of this order exceeds one year, the court finds that an order of less than one year will be insufficient to prevent further acts of violence.

Done in Open Court in the presence of the Defendant this date: 05/11/11

JUDGE

Deputy Prosecuting Attorney

WSBA# 37830

Print name: Kim McCleary

Attorney for Defendant

WSBA# 25736

Print name:

Defendant

Print name:

DOMESTIC VIOLENCE NO CONTACT ORDER [rev. 07/07/06]

M:\Forms\Criminal\District\DV No-Contact - New\DV No Contact Order 012207.wpd

Page 2 of 2

[This report is continued on the following page]

Orcas Family Health Center

Dictation and Reports [Continued]

Communication to/from Patient [Continued]

05/11/2011

DISTRICT COURT OF WASHINGTON FOR SAN JUAN COUNTY		DISTRICT COURT FILED MAY 11 2011 By <u>San Juan County, Washington</u> Clerk
THE STATE OF WASHINGTON, Plaintiff, <u>James F. Nichols</u> , Defendant.		NO. <u>11-17</u> JUDGMENT AND SENTENCE FOR: 1) <u>Assault 4th DV</u> 2) _____ NEXT HEARING DATE: _____
The defendant pled guilty, or pled not guilty and the verdict of the jury was guilty, or the finding of the court was guilty of:		
Count	Crime	RCW or Ordinance (with subsection)
1.	<u>Assault 4th DV</u>	<u>9A.36.041</u>
2.		
<input checked="" type="checkbox"/> Count <u>1</u> involves an offense against another family or household member (RCW 10.99.020). <input type="checkbox"/> Count _____ involves a sex offense, or a kidnapping offense involving a minor, as defined (RCW 9A.44.130). The defendant is required to register with the county sheriff as described in the "Offender Registration" Attachment. <input type="checkbox"/> Count _____ requires sex or kidnapping offender registration, or is one of the following offenses, assault in the fourth degree with sexual motivation, communication with a minor for immoral purposes, custodial sexual misconduct in the second degree, failure to register, harassment, patronizing a prostitute, sexual misconduct with a minor in the second degree, stalking, or violation of a sexual assault protection order granted under chapter 7.90 RCW. The defendant shall have a biological sample collected for purposes of DNA identification analysis (RCW 43.43.754).		
THE DEFENDANT IS ADJUDGED GUILTY AND SENTENCED AS FOLLOWS:		
Sentence is <input checked="" type="checkbox"/> suspended <input type="checkbox"/> deferred for <u>5</u> years on the following conditions: Count 1) <u>364</u> days of jail <u>364</u> days suspended, fine of \$ _____ with \$ _____ suspended Count 2) _____ days of jail _____ days suspended, fine of \$ _____ with \$ _____ suspended Jail sentences are <input type="checkbox"/> concurrent <input type="checkbox"/> consecutive with each other and <input type="checkbox"/> concurrent <input type="checkbox"/> consecutive with all other commitments, or _____ Serve a total of <u>10</u> days in jail with credit for <u>5</u> days served, and serve a total of _____ days of electronic home monitoring with credit for _____ days served <input type="checkbox"/> Defendant may serve _____ days of jail on Work Crew if defendant is eligible, a position is available, and defendant pays all costs. Defendant must submit an application to the Work Crew Supervisor immediately. <input checked="" type="checkbox"/> Defendant may serve <u>40</u> hours of Community Service <input checked="" type="checkbox"/> in lieu of <u>5</u> days of jail. Defendant must submit an application to the Work Crew Supervisor immediately. <input type="checkbox"/> Alternative confinement: _____		
<input checked="" type="checkbox"/> Count 1 Fine \$ <u>250</u> <input checked="" type="checkbox"/> Count 1 PSEA \$ <u>262.50</u> <input type="checkbox"/> Count 1 Criminal Traffic Fee \$ <u>102.50</u> <input checked="" type="checkbox"/> Domestic Violence Assessment \$ <u>100</u> <input checked="" type="checkbox"/> Criminal Conviction Fee \$ <u>43</u> <input checked="" type="checkbox"/> Booking Fee \$ <u>25</u> <input checked="" type="checkbox"/> Supervised Probation Fee \$ <u>50/mo</u> <input checked="" type="checkbox"/> Public Defender Assessment \$ _____ <input checked="" type="checkbox"/> Jail Recoupment Fee \$ <u>500</u> <input type="checkbox"/> Bench Warrant Fee \$ _____ <input type="checkbox"/> Restitution to: _____	<input type="checkbox"/> Count 2 Fine \$ _____ <input type="checkbox"/> Count 2 PSEA \$ _____ <input type="checkbox"/> Count 2 Criminal Traffic Fee \$ <u>102.50</u> <input type="checkbox"/> Investigative Fund Assessment \$ _____ <input type="checkbox"/> Emergency Response Fee \$ _____ <input type="checkbox"/> Pre-Trial EHM Fee \$ _____ <input type="checkbox"/> Bench Monitoring Fee \$ <u>10/mo</u> <input type="checkbox"/> Jury Fee \$ _____ <input type="checkbox"/> Witness Fee \$ _____ <input type="checkbox"/> Other \$ _____	
<input checked="" type="checkbox"/> Defendant is placed on the Pay or Appear Program and may perform Community Service in lieu of paying a portion of the above Legal Financial Obligations (except restitution) in accordance with current court policy.		
Judgment and Sentence Form (JS) - Page 1 CrRLJ 07.0110 - (01/2009) CrRLJ 7.2, 7.3; (Oct - 02/2011)		San Juan County District Court 350 Court Street - P.O. Box 127 Friday Harbor, WA 98250 360-378-4017 (V)-360-378-4089 (F)

[This report is continued on the following page]

07/19/2011 09:51 AM

MD 2011-2011157375-000041

SHINSTORM, DAVID MD_2011-157375 PAGE 81

Orcas Family Health Center

Dictation and Reports [Continued]

Communication to/from Patient [Continued]

05/11/2011

Additional Conditions of Sentence:

- ☒ No criminal law violations. ☒ No alcohol related infractions.
☐ Not drive a motor vehicle without a valid license and proof of insurance.
☒ Supervised probation for 2 years with probation department and abide by all rules and regulations of probation department. Pay monthly probation fee as set by the probation department. ☐ Supervised probation shall end upon completion all therapeutic conditions of this Judgment and Sentence.
☒ Obtain ☒ a substance abuse evaluation from a Washington State approved agency, ☐ a mental health evaluation from a state licensed mental health provider, ☐ an anger management treatment evaluation, ☐ a psycho-sexual evaluation from a state certified provider, in accordance with court standards, provide evaluation and treatment program to the court and probation officer within 60 days, successfully participate in and complete any recommended treatment, and provide monthly progress reports to the court and probation officer. Contact the treatment agency by the next business day to schedule and evaluation. If the substance abuse evaluation recommends no treatment, defendant shall successfully participate in and complete alcohol/drug information school within 60 days and provide proof of compliance to the court and probation officer.
☒ Not possess or consume intoxicating liquors and not go to any bar, tavern, lounges or liquor store. Not possess or use a controlled substance or drug paraphernalia, except pursuant to a physician's prescription. Submit to testing of breath, blood, or urine at the request of a probation officer or counselor, or at the request of a law enforcement officer with reasonable grounds to believe defendant possessed or used alcohol or drugs.
☒ Enter into and successfully participate in and complete a State Certified Domestic Violence Perpetrator Treatment program; enter program within 60 days and provide quarterly progress reports to the Court and Probation Officer.
☒ Comply with the terms of: ☒ Domestic Violence No Contact Order ☐ Anti-Harassment Protection Order ☐ Sexual Assault Protection Order filed in case #:
☐ Have no direct or indirect contact with _____ Do not go upon the residence, property, or place of employment of said person.
☐ Do not go to:
☐ Attend Driver Improvement School within 60 days. ☐ Attend a DUI Impact Panel within 3 months.
☒ Bail on Bond, if posted, is ☒ Exonerated ☐ less a warrant fee of _____ ☐ Forfeited.
☒ The Domestic Violence No Contact Order (DVNCO) entered herein is terminated.
☐ Court _____ herein is dismissed ☐ with prejudice ☐ without prejudice.
☐ Return for review hearing on _____
☒ Other: A Not to return to prison
☐ Other: _____

Dated: 05/11/11

Judge/Pro Tem/Commissioner

Defendant's Attorney:

WSBA

☐ Written Waiver of Counsel filed.

25736

Prosecutor

WSBA

Defendant

Date of Birth:

8/30/81

Tel. Nr.

Mailing Address:

PO 1675
EASTBOUND WA
98245

Physical Address:

48 PINE ST
EASTBOUND WA
98245

Judgment and Sentence Form (JS) - Page 2
 CrRLJ 07.0110 - (01/2009) CrRLJ 7.2, 7.3; (Det - 02/2011)

San Juan County District Court
 350 Court Street - P.O. Box 127
 Friday Harbor, WA 98250
 360-378-4017 (V)-360-378-4099 (F)

Orcas Family Health Center

Dictation and Reports [Continued]

After Hours Service

08/26/2010

Orcas Fire Department 2010-451

Page 1 of 2



Orcas Fire Department

Station: 21
Shifts Or Platoon: B

Location:
418 Pine St # 12
Eastsound WA 98245

Zone:
21 - Eastsound
Location Type: 1 - Street address

Incident Type:
321 - EMS call, excluding vehicle
accident with injury

EMSID: 28D02
FDID: 28D02
Incident #: 2010-451
Exposure ID: 2314103
Incident Date: 08/26/2010
Dispatch Run #: 10-M-356

Report Completed by:	ID: HARR02	Name: Harris, Valerie	Date: 08/31/2010
Report Reviewed by:	Not Reviewed		
Report Printed by:	ID: HARR02	Name: Harris, Valerie	Date: 9/1/2010 Time: 12:52

Type of Service Requested:	911 Response (Scene)	Mass Casualty Incident	No	Complaint Reported By Dispatch:	Abdominal Pain
Aid Given or Received:	None	Primary action taken:	33 - Provide advanced life support (ALS)		
Total # of apparatus on call:	2		Total # of personnel on call:	4	

NARRATIVE

Aid response, treat and release

APPARATUS

Unit	A-286	Unit	HQ
Type:	ALS unit	Type:	Other apparatus/resource
Use:	EMS	Use:	Other
Response Mode:	Lights and Sirens	Response Mode:	No Lights or Sirens
# of People	3	# of People	1
Injury Or Onset	/ / : : : : :	Injury Or Onset	/ / : : : : :
Alarm	08/26/2010 10:42:50	Alarm	08/26/2010 10:42:50
Dispatched	08/26/2010 10:44:13	Dispatched	08/26/2010 10:44:13
Enroute	08/26/2010 10:45:22	Enroute	08/26/2010 10:45:22
Arrived	08/26/2010 10:47:31	Arrived	08/26/2010 10:47:31
Cancelled	-- / -- / -- : : :	Cancelled	-- / -- / -- : : :
Cleared Scene	08/26/2010 11:09:57	Cleared Scene	08/26/2010 11:09:57
In Quarters	-- / / : : :	In Quarters	/ / : : : : :
In Service	08/26/2010 11:09:57	In Service	08/26/2010 11:09:57

Number Of People not on apparatus: 0

PATIENT #1 - PCR 766400

Name	Home Address	Gender	Pregnancy
James Nichols	418 Pine St 12, Eastsound, WA 98245 United States	Male	N/A
Race	Ethnicity	DOB	Age
()	()	8/31/1980	29 Years
Unit Number	Unit Service Level	Estimated Body Weight	Pediatric Color Code
A-286	At S, Level 1 Emergency	kg	()

PATIENT HISTORY

Primary Symptom:	What happened to this patient:	Condition Code Number:
Nausea/Vomiting	Treated and Released	(8002) {Abdominal Pain (At S 789.00)}

Med #	Time Given	Medication	Route	Dosage	Notes	By
-------	------------	------------	-------	--------	-------	----

<https://secure.emergencyreporting.com/nfirs/print.asp?printtype=2&printtyperadio=5b&this..> 9/1/2010

[This report is continued on the following page]

07/19/2011 09:51 AM

Orcas Family Health Center

Dictation and Reports [Continued]

After Hours Service [Continued]

08/26/2010

Orcas Fire Department : 2010-451

Page 2 of 2

1	8/26/2010 11:00	Lidocaine	Oral	0 ()	Valerie Harris (HARR02)
---	-----------------	-----------	------	-------	-------------------------

PATIENT NARRATIVE:

08/26/2010
Nichols, James

CC - 29 yo male STILL vomiting and stomach pain

HxPt - The pt's wife called and tells us that the pt has an "ulcer" Hx and now is vomiting "coffee ground" emesis. He states that he has been vomiting since 0700 this morning and he feels he has to keep inducing vomiting because his stomach burns. He has had several episodes of this in the past and has been seen at Dr. Shindstrom's office for this. His wife gave him his last Promethazine this morning and they did call the office and talked to Phoebe (PA). She tells me that the pt has had a long Hx of these anxiety driven episodes and has been worked up many times in the office as well as the ER. He had an upper endoscopy which showed no evidence of peptic ulcers but he did have some esophagitis which was felt was exacerbated by the retching and inducing vomiting. He has been treated with valium in the past during some of the episodes. She has already called in a refill for Promethazine after speaking with him this AM. When asked if the pt takes recommended OTC remedies, such as Malox, he says he does not. It is not clear if he is taking his Protonix. The pt ate dinner last night and has had no fever, diarrhea, or blood in stools. Phoebe also mentioned that the pt's anxiety episodes have also been related to drug use and both the pt and his wife say that he has not used in several years. He has no known drug allergies.

PE - The pt found on the floor, wrapped up in a blanket, head covered and is agitated. He is alert and oriented x 4 but will only cooperate with questioning for a few minutes at a time. Every few minutes he sticks his fingers to the back of his throat to try and induce vomiting. The small amount of emesis that is in the pan has a tiny amount of blood streak. Skin is warm, pink, and moist. The conjunctivas are red. BP is 150/80, HR 60, RR 22, SpO2 100%. The pt is very hard to examine and he will not sit still for long.

IM - nausea and anxiety with poss. exacerbation of esophagitis

TX - attempt exam - After talking with his PA, I was able to get the pt to sit long enough to take a GI cocktail of Malox and viscous lidocaine. He wanted to throw it back up but did manage to hold it down. I asked his wife to pick up his prescription of Promethazine and I explained to both of them that his vomit inducing habit was contributing to the pain and the prolonged nausea. I advised him to try to relax and let the meds take effect, followed by fluids and bland diet as soon as able to tolerate. He is to follow up with Dr. Shindstrom's office as needed. Dr. Sullivan was also contacted.
Valerie Harris, PM

Review Requested: No

COMPLAINT

Chief Complaint Narrative	nausea and abdominal pain
Complaint Anatomic Location	Abdomen
Primary Symptom	Nausea/Vomiting
Providers Primary Impression	Abdominal pain / problems

DESTINATION

Incident Patient Disposition	Treated and Released
------------------------------	----------------------

PERSONNEL ON CALL

Name	Personnel Rank	Apparatus
Ayers, Patricia	Recruit	HQ
Harris, Valerie	Division Chief	A-286
Kimple, Chad D	Lieutenant	A-286
Schirmer, Lindsay A	Administration	A-286

<https://secure.emergencyreporting.com/nfirs/print.asp?printtype=2&printtyperadio=5b&this...> 9/1/2010

Orcas Family Health Center

Dictation and Reports [Continued]**Nurse Note**

08/30/2010

Note Text:

10:20 IV started (2 attempts) 22ga angio RAC. NS 1L free flow.
10:30 25 mg phenergan IV diluted in 10ml NS.
10:50 2mg morphine IV.
11:25 NS 1L free flow.
12:15 Phenergan 25mg IM RGM. IV d/c'd WNL. pt d/c home with MIL.

Author: Betsy Greacen, RN for: Phoebe J. Hershenow, FNP

Case Management

08/26/2010

Note Text:

Call from EMS:
They were called to the patient's house with report of "bleeding ulcer". James was seen provoking vomiting by putting his fingers down his throat, saying that this relieves the abdominal pain.
Pink streaks in emesis, no coffee grounds.
Extreme agitation.
Took something (phenergan?) this AM. Unknown other drugs.
Hx of meth use per previous ER workup (more than once) for similar episodes.
Recommend single dose of antianxiety med.
Do not recommend transport

Author: Phoebe J. Hershenow, FNP

Case Management

06/01/2010

Note Text:

Here with 1 month old daughter for WCC.
He states that the Lorazepam helped a lot. No episodes of abd pain since. Still has some left. Understands that stress and anxiety are causing it.
He has a medical marijuana "certificate" from the THCF clinic in Bellevue that expires in a week. He grows his own, it helps his anxiety. He would like a renewal, but can't afford the \$200 to get it from them.

Author: Phoebe J. Hershenow, FNP

Phone Call

05/12/2010

Note Text:

James called anxious, moaning, gasping.
Zofran helps, but still can't eat.
River left to go be at with her mom.
stomach hurts
he'll do whatever it takes to get well.
He'll go to a psych ward if it would help.
plan: ONE rx for lorazepam. sips of water. bland foods.

Author: Phoebe J. Hershenow, FNP

Nurse Note

05/11/2010

Note Text:

50mg Phenergan given in R delt IM

Author: Dixie L. Morrison for: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

After Hours Service

02/27/2010

Note Text:

Phone call from River, his girlfriend.

He was better after the shot and all day today, took his PPI and ate and drank normally, but now the pain is starting again and he's moaning and thrashing around like he did yesterday.

Vomited twice. The first time it was clear, the second time coffee grounds.

Plan: Go to IH ER by private car.

Records from previous ER visit not yet available.

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Phone Call-From Patient

06/01/2011

Date 05/24/2011 **Time** 13:39:19
Patient 6 - Healthcare informatio... **DOB** 6 - Healthcare info...
From Shelly J. Rankin **To** Shila Wachtel, RN
Priority Routine
Subject Phone Call-From Patient
Message 6 - He... called to ask Dave for an alternate pain med. He can't use med marij while on probation, which starts on the 7th. He is willing to make an appt if needed, but it would need to be soon. He can be reached at 6 - Healthcare...

From: Shila Wachtel, RN (05/24/2011 14:21)**Message:**

have him make appt. please-with Dave. thx.

Forward sent to: Shelly J. Rankin

From: Shelly J. Rankin (06/01/2011 10:44)**Message:**

He has come in.

Msg Read by: Shelly J. Rankin (06/01/2011 10:44)**Saved By:** Shelly J. Rankin

Orcas Family Health Center

Dictation and Reports [Continued]

Office Visit

05/31/2011

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Provider: David C. Shinstrom, M.D.

Date of Service: 05/31/11

Type of Service: Office Visit

Note Type: Office Visit

History Source: Patient

Type: Established Patient

Opened: 05/31/2011 16:22

By: Shelly J. Rankin

Close: 05/31/2011 16:40

By: David C. Shinstrom, M.D.

CHIEF COMPLAINT:

Prob: Neck pain

HISTORY:

S: Has a long history of neck pain for which he uses marijuana with good relief. Has a drug and alcohol intake and probation hearing and is worried may get urine drug screen. Is concerned about his daughter so would like to be off marijuana for a few weeks.

VITALS:

05-31-2011 16:39 Pulse: 72 BPM BP: 140./80 [arm - sit]

ASSESSMENT:

723.1

NECK PAIN

Stable

COMMENT:

P: Oxycodone as below. No more RF.

PLAN:

MEDICATION MANAGEMENT:

REFILL: oxycodone 5 mg 1 tab(s) PO Q4-6H(Disp #: 20 / Refills: 0) PRINTED

Signed off by: David C. Shinstrom; M.D. On: 05/31/11 at 16:40

Author: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Medication-problems with

05/09/2011

Date 05/09/2011 **Time** 13:10:41
Patient 6 - Healthcare informatio... **DOB** 6 - Healthcare info...
From Aaimee R. Johnson **To** Shila Wachtel, RN

Priority Routine**Subject** Medication-problems with

Message PC, from 6 - Heal..., the 30 oxycodone didn't get him through, he needs enough for three more days, he is taking 2 in the AM and three in the PM. He can be reached at the cell # listed as home #.

From: Shila Wachtel, RN (05/09/2011 13:13)**Message:**

What would you like to do?

Forward sent to: David C. Shinstrom, M.D.

From: David C. Shinstrom, M.D. (05/09/2011 13:21)**Message:**

No more oxycodone according to previous agreement.

Forward sent to: Shila Wachtel, RN

From: Shila Wachtel, RN (05/09/2011 14:01)**Message:**

Informed pt.

Msg Read by: Shila Wachtel, RN (05/09/2011 14:01)

Saved By: Shila Wachtel, RN

Orcas Family Health Center

Dictation and Reports [Continued]

Pain

05/02/2011

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Provider: David C. Shinstrom, M.D.

Date of Service: 05/02/11

Type of Service: Office Visit

Note Type: Pain

History Source: Patient

Type: Established Patient

Opened: 05/02/2011 13:50

By: Bonni D. Distler

Close: 05/02/2011 14:26

By: David C. Shinstrom, M.D.

CHIEF COMPLAINT:

Prob: F/U neck pain

HISTORY:

S: Over the past couple of weeks has had neckpain with numbness and tingling down right arm. Symptoms are getting better with less pain and numbness. Tried to get accupuncture but too crowded. Feels he needs one more week of oxycodone and then will use marijuana.

VITALS:

05-02-2011 14:25Pulse: 84 BPMBP: 130 / 84 [arm - sit]

EXAM:

O: Appears well. Right arm ROM intact.

ASSESSMENT:

723.1

NECK PAIN.

Stable

COMMENT:

P: Oxycodone as below to last until 5/11 and then no more RF.

PLAN:**MEDICATION MANAGEMENT:**

START: oxycodone 5 mg oral [tablet] 1 tab(s) PO Q4-6H (Disp# 30 tab(s) Refills - 0)

PRINTED

Signed off by: David C. Shinstrom, M.D. On: 05/02/11 at 14:26

Author: David C. Shinstrom, M.D.

Dictation and Reports [Continued]

Clinic Message

04/29/2011

Date 04/29/2011 Time 11:58:58
Patient 6 - Healthcare informatio... DOB 6 - Healthcare infor...
From Dixie L. Morrison To Dawn K. Grace
Priority Routine
Subject Clinic Message

Message
pt calling, states his pain is really bad in his neck, he is going to get accupuncture on Sunday, which is his first available time that he can and Dr Dave suggested it. In the meantime he wonders if he could get something different or stronger for his pain. he got an rx on Monday and they are gone because he has had to take so many to control his pain. he said they upset his stomache also, perhaps the tylenol in them? Maybe change rx? call him at 6 - Healthcare...

From: Dawn K. Grace , (04/29/2011 15:44)

Message:

LM that we can't refill his rx

Msg Read by: Dawn K. Grace (04/29/2011 15:44)

Saved By: Dawn K. Grace

Orcas Family Health Center

Dictation and Reports [Continued]

questions about Pain Med

04/26/2011

Date 04/25/2011 **Time** 10:21:58
Patient 6 - Healthca... **DOB** 6 - Healthcare info...
From Bonni D. Distler **To** Shila Wachtel, RN
Priority Urgent
Subject questions about Pain Med

Message
He went and had a massage over the weekend to see if it would help with the pain ... he says it has not helped and he is suppose to return to work within the hour. He wants to know if he can get a refill on the pain medication or if he has to come in and see Dave again. He will only be at the following phone number until about 10:45am. Please call him ASAP. Thank you.

From: Shila Wachtel, RN (04/25/2011 10:44)

Message:

"Number is not reachable." If he calls back, his RX will be avail. for pick up.

Forward sent to: Shelly J. Rankin

From: Shelly J. Rankin (04/26/2011 09:55)

Message:

Ok.

Msg Read by: Shelly J. Rankin (04/26/2011 09:55)

Saved By: Shelly J. Rankin

Orcas Family Health Center

Dictation and Reports [Continued]

Pain

04/18/2011

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Type: Established Patient

Provider: David C. Shinstrom, M.D.

Opened: 04/18/2011 14:14

Date of Service: 04/18/11

By: Shelly J. Rankin

Type of Service: Office Visit

Close: 04/18/2011 14:31

Note Type: Pain

By: David C. Shinstrom, M.D.

History Source: Patient

CHIEF COMPLAINT:

Prob: F/U back and neck pain

HISTORY:

S: Has had a problem with the above. Now has tingling in right fingertips. Has been working and now has time off to rest. Also will be getting massage later this week.

VITALS:

04-18-2011 14:30 Pulse: 80 BPM BP: 142 / 80 [arm - sit]

ASSESSMENT:

840.9 Sprain of Unspecified Site of Shoulder and Upper Arm Stable

723.1 NECK PAIN Stable

COMMENT:

P: Discussed gabapentin. RF percocet as below. F/U after massage.

PLAN:**MEDICATION MANAGEMENT:**

REFILL: Percocet 5/325 325 mg-5 mg 1 tab(s) PO Q4-6H(Disp #: 20 / Refills: 0) PRINTED

Signed off by: David C. Shinstrom, M.D. On: 04/18/11 at 14:31

Author: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Phone Call-From Patient

04/13/2011

Date 04/13/2011 **Time** 11:42:20
Patient 6 - Healthcare informatio... **DOB** 6 - Healthcare info...
From Shelly J. Rankin **To** David C. Shinstrom, M.D.
Priority Routine
Subject Phone Call-From Patient
Message Still having back pain, meds you gave him lasted until yesterday, but would like to have something to go until the end of the week if possible. can be reached at home:

From: David C. Shinstrom, M.D. (04/13/2011 12:42)
Message:
Percocet 5/325 #10

Msg Read by: David C. Shinstrom, M.D. (04/13/2011 12:42)

Saved By: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

Pain

04/08/2011

Patient Name: [6 - Healthcare information readily identifiable to a pers...]

Type: Established Patient

Provider: David C. Shinstrom, M.D.

Opened: 04/08/2011 13:47

Date of Service: 04/08/11

By: Holly D. Lund

Type of Service: Office Visit

Close: 04/08/2011 14:13

Note Type: Pain

By: David C. Shinstrom, M.D.

History Source: Patient

CHIEF COMPLAINT:

Prob: Back pain

HISTORY:

S: See previous note. Cyclobenzaprine made him loopy. Vicodin did not help the pain.

VITALS:

04-08-2011 14:12BP: 142 / 90 [arm - sit]

ASSESSMENT:

840.9

Sprain of Unspecified Site of Shoulder and Upper Arm

Stable

COMMENT:

P: Discussed/ Percocet as below:

PLAN:

MEDICATION MANAGEMENT:

START: Percocet 5/325 325 mg-5 mg oral [tablet] 1 tab(s) PO Q4-6H (Disp# 20 tab(s)

Refills - 0) PRINTED

Signed off by: David C. Shinstrom, M.D. On: 04/08/11 at 14:13

Author: David C. Shinstrom, M.D.

Dictation and Reports [Continued]

Office Visit

04/04/2011

patient seen by Helen Winegarner, FNP

Addendum By: Shelly J. Rankin

On: 04/12/2011 03:53:48 pm

Patient Name: 6 - Healthcare information readily identifiable to a person - RCW 42.56.360(1)

Provider: Phoebe J. Hershenow, FNP

Date of Service: 04/04/11

Type of Service: Office Visit

Note Type: Office Visit

History Source: Patient

Type: Established Patient

Opened: 04/04/2011 14:30

By: Dixie L. Morrison

Close: 04/04/2011 15:09

By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

Upper back and neck pain x 3 days.

HISTORY:

Moving a large TV over the weekend and had to lift it over his head. Has had upper back and R neck pain since then. Is not using his MM since he is trying to quit smoking and also starting a job with drug screening. Can't afford Marinol and edible MM. Has had relief with Vicodin in the past. Not as much help with muscle relaxants.

ROS:

MS- pain when lifting arms overhead especially on R side of neck. Gets some tingling in the 4/5th R fingers if he holds his Arm above his head for a few minutes.

VITALS:

04-04-2011 15:09 Pulse: 72 BPM BP: 150 / 80 [arm - sit]

EXAM:

Aox 3, affect quiet, appropriate.

MS mild pain on palp of R upper trapezius and neck areas. ROM intact to R shoulder and neck. Hand grasp equal strong R/L.

Radial pulse +2 R. CRT < 2 sec R hand.

ASSESSMENT:

840.9 Sprain of Unspecified Site of Shoulder and Upper Arm Stable

PLAN:

MEDICATION MANAGEMENT:

START: cyclobenzaprine 10 mg oral [tablet] 1 tab po tid prn muscle spasm (Disp# 12 tab(s) Refills - 0)

START: Vicodin 500 mg-5 mg oral [tablet] 1-2 tabs po q 4-6 hrs prn severe pain not controlled by other meds. (Disp# 12 tab(s) Refills - 0) PRINTED

Plan Comments:

Discussed etiology of strains/sprains. Recmd OTC antiinflammatories, warmth at this time. May use muscle relaxer and if break through pain then Vicodin. RTC prn if continued problems.

Signed off by: Phoebe J. Hershenow, FNP On: 04/04/11 at 15:09

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

ear pain

11/30/2010

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Type: Established Patient

Provider: David C. Shinstrom, M.D.

Opened: 11/30/2010 09:56

Date of Service: 11/30/10

By: Shelly J. Rankin

Type of Service: Office Visit

Close: 11/30/2010 10:19

Note Type: ear pain

By: David C. Shinstrom, M.D.

History Source: Patient

CHIEF COMPLAINT:

Prob: Sinus congestion, headache

HISTORY:

S: Has had head congestion, ear pain and sinus congestion for the past month. No fever. Pain is worse if bends over.

Also has headache for which he has used marijuana in the past. Would like to quit smoking so ? try marijuana pills.

VITALS:

11-30-2010 10:16BP: 130 / 79 [arm - sit]Temp: 97.5 F° [oral]11-30-2010 10:03BP: 130 / 79 [arm - sit]Temp: 97.5 F° [oral]

EXAM:

O: Ears-TMs retracted. Sinuses-very tender maxillary sinuses. Throat-clear. Nodes-none.

ASSESSMENT:

784.0 HEADACHE Stable

483.0 Pneumonia Due to Mycoplasma Pneumoniae Stable

COMMENT:

P: For ? mycoplasma doxy. For headache trial of Marinol. Encouraged to stop smoking. F/U next couple of weeks.

PLAN:

MEDICATION MANAGEMENT:

START: doxycycline monohydrate 100 mg oral [tablet] 1 tab(s) PO 2 times a day (Disp# 20 tab(s) Refills - 0)

START: Marinol 10 mg oral [capsule] 1 cap(s) PO Q4-8H (Disp# 30 cap(s) Refills - 0)

PRINTED

Signed off by: David C. Shinstrom, M.D. On: 11/30/10 at 10:19

Author: David C. Shinstrom, M.D.

Orcas Family Health Center

Dictation and Reports [Continued]

ear pain

11/18/2010

Patient Name: 6 - Healthcare information readily identifiable to a perso...

Provider: Phoebe J. Hershenow, FNP

Date of Service: 11/18/10

Type of Service: Office Visit

Note Type: ear pain

History Source: Patient

Type: Established Patient

Opened: 11/18/2010 14:54

By: Holly D. Lund

Close: 11/18/2010 15:21

By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

ear pain

HISTORY:

he's nearly finished his antibiotics but his ears feel clogged and everything sounds like he has his head under water in the tub. and they hurt.

VITALS:

11-18-2010 15:17Temp: 99.7 F° [oral]

EXAM:

mild anxiety, seemingly sedated, but appropriate

skin warm and dry

TMs retracted bilat, bright red ear canals with excoriations.

ASSESSMENT:

388.70

Otitis Media Unspecified

Stable

PLAN:

MEDICATION MANAGEMENT:

START: Cortisporin Otic 1%-0.35%-10000 units/mL otic [solution], 4 drop(s) OTIC 4 times a day (Disp# 1 vial(s) Refills - 0)

Plan Comments:

guaifenesin 1200 bid for congestion

cortisporin otic gtts for irritation and to help him stop scratching

Signed off by: Phoebe J. Hershenow, FNP On: 11/18/10 at 15:21

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

URI

11/11/2010

Patient Name: 6 - Healthcare information readily identifiable to a pers...)

Provider: Phoebe J. Hershenow, FNP

Date of Service: 11/11/10

Type of Service: Office Visit

Note Type: URI

History Source: Patient

Type: Established Patient

Opened: 11/11/2010 13:33

By: Shelly J. Rankin

Close: 11/11/2010 14:11

By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

URI

HISTORY:

cough, URI sx getting worse, R ear pain. Not sleeping well. baby is sick too. vomited this Am, which scared him into thinking he might go into another "episode" so he took a lorazepam and a shower and he's OK now.

VITALS:

11-11-2010 13:54BP: 122 / 70 [arm - sit]Temp: 97.3 F° [oral]Oximetry: 98% [RA]

EXAM:

Calm and appropriate. skin warm and dry.

ear canals clear of debris.

L TM bright red and retracted.

OP red, no exudate.

chest CTA

ASSESSMENT:

382.9 OTITIS MEDIA Stable

465.9 URI ACUTE Stable

PLAN:

MEDICATION MANAGEMENT:

START: Augmentin 875 mg-125 mg oral [tablet] 1 tab(s) PO BID (Disp# 20 tab(s) Refills - 0)

START: Promethazine with Codeine 10 mg-6.25 mg/5 mL oral [syrup] 5 milliliter(s) PO Q4-6H (Disp# 120 milliliter(s) Refills - 0) PRINTED

Plan Comments:

above

handwashing

decrease smoking.

Signed off by: Phoebe J. Hershenow, FNP On: 11/11/10 at 14:11

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center.

Dictation and Reports [Continued]

Office Visit

10/26/2010

Patient Name: [6 - Healthcare information rea...]
Provider: Phoebe J. Hershenow, FNP
Date of Service: 10/26/10
Type of Service: Office Visit
Note Type: Office Visit
History Source: Patient

Type: Established Patient.
Opened: 10/26/2010 10:20
By: Shelly J. Rankin
Close: 10/26/2010 11:16
By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

Medical marijuana certificate
stomach medicine
tooth pain

HISTORY:

His MM certificate is all wrinkly from carrying it around, he wants a fresh one.
He has DSHS briefly, and would like a prescription for a PPI, he's used up everything he can get from his family. They help his recurrent stomach problems.
He has a broken tooth. clove oil doesn't work. He can't get in to the dentist for a long time. He'd like it pulled. meanwhile he wants something strong for pain.

VITALS:

10-26-2010 10:18Pulse: 72 BPMBP: 122 / 78 [arm - sit]Resp: 16 / min

EXAM:

Restless, rapid speech, appropriate, not demanding.
L lower back molar broken.

ASSESSMENT:

789.07	ABDOMINAL PAIN-GENERALIZED	Recurrent
V40.9	Unspecified Mental or Behavioral Problem	Stable

PLAN:**MEDICATION MANAGEMENT:**

START: Omeprazole 40 mg oral [delayed release capsule] 1 cap(s) PO once a day (Disp# 90 cap(s) Refills - 0) FAXED TO: Ray's Pharmacy
START: "Dentemp"kit [] as directed (Disp# 1 cap(s) Refills - 0) FAXED TO: Friday Harbor Drug
REFILL: Omeprazole 40 mg 1 cap(s) PO once a day (Disp #: 90 / Refills: 0) FAXED TO: Friday Harbor Drug

Plan Comments:

He is not currently being treated for psych or behavior issues, but now that he has insurance he may be able to access care.
Omeprazole for chronic gastritis
"Dentemp" kit for tooth pain. (he wanted pain pills, denied)

Signed off by: Phoebe J. Hershenow, FNP On: 10/26/10 at 11:16

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Office Visit

08/30/2010

2 L of IVF infused over 2 hours, extended observation.

Addendum By: Phoebe J. Hershenow, FNP

On: 09/01/2010 11:54:09 am

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Provider: Phoebe J. Hershenow, FNP

Date of Service: 08/30/10

Type of Service: Office Visit

Note Type: Office Visit

History Source: Patient

Type: Established Patient

Opened: 08/30/2010 09:51

By: Aimee R. Johnson

Close: 08/30/2010 13:24

By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

severe abdominal pain

HISTORY:

Recurrence of the same upper abdominal pain he's had in the past. Started last Thursday. Called the paramedics. He found some relief from induced vomiting. He says he hasn't had anything to eat or drink for 2 days. No diarrhea. no black stools. oral phenergan and ativan didn't help. Beef 4 days ago, didn't get wasted.

PROBLEM LIST:

GI WU in the ER twice was negative for GI bleed. "gastritis".

VITALS:

08-30-2010 09:54 Weight: 160 lbs Pulse: 70 BPM BP: 120 / 74 [arm - sit]

EXAM:

anxious, restless, intermittently aggressive using foul language, and plaintive, asking for help.

Mother in law here - very involved in his care.

IVF and Phenergan 25mg slow IVP.

MS 2 mg IVP.

2L NS.

ASSESSMENT:

346.21 Variants of Migraine With Intractable Migraine So Stated Stable

789.07 ABDOMINAL PAIN-GENERALIZED Recurrent

COMMENT:

suspect abdominal migraine.

PLAN:**Plan Comments:**

Phenergan 25mg Im, home to sleep.

consider treating with Excedrin migraine at first onset of abd pain.

Also consider non-allopathic approaches.

push fluids.

Lots of discussion with Pt's M-inLaw

Never induce vomiting!

Signed off by: Phoebe J. Hershenow, FNP On: 08/30/10 at 13:24

[This report is continued on the following page]

Orcas Family Health Center

Dictation and Reports [Continued]

Office Visit [Continued]

08/30/2010

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Clinic Message

08/26/2010

Date 08/26/2010 **Time** 10:10:22
Patient 6 - Healthcare informati... **DOB** 6 - Healthcare info...
From Dixie L. Morrison **To** Shila Wachtel, RN
Priority Routine
Subject Clinic Message

Message pt girlfriend (River) is calling, states that pt is having another ulcer attack, they were wondering if they could get another rx for promethazine sent into Rays? Do we need to see the pt again? this is pt of Phoebe, pt is at 3491

From: Shila Wachtel, RN (08/26/2010 10:15)

Message:

Would you like him to come in?

Forward sent to: Phoebe J. Hershenow, FNP

From: Phoebe J. Hershenow, FNP (08/26/2010 10:24)

Message:

I called River. 6 - Heal... is deep in the throes of it, rolling on the floor, vomiting... she thinks that oral phenergan will help.

Rx called in to Rays.

Msg Read by: Phoebe J. Hershenow, FNP (08/26/2010 10:24)

Saved By: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Dermatologic Problem

07/07/2010

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Type: Established Patient

Provider: Phoebe J. Hershenow, FNP

Opened: 07/07/2010 11:06

Date of Service: 07/07/10

By: Cynthia A. Dahlinger Koby

Type of Service: Office Visit

Close: 07/07/2010 12:35

Note Type: Dermatologic Problem

By: Phoebe J. Hershenow, FNP

History Source: Patient

CHIEF COMPLAINT:

boil

HISTORY:

He had a spider bite to his R calf that got better after he took some left over keflex and then some AMoxicillin. It's almost better, but now he has a new one forming on the back of his thigh. He's worried that it could affect the baby, and he's out of antibiotics.

PROBLEM LIST:

hx MRSA

VITALS:

07-07-2010 12:26Pulse: 80 BPMBP: 122 / 84 [arm - sit]Resp: 16 / min

EXAM:

Mild anxiety, but appropriate.

R calf: 2cm open but dry healing lesion

R thigh: red raised, tender closed lesion.

ASSESSMENT:

680

CARBUNCLE AND FURUNCLE

Stable

PLAN:**Plan Comments:**

septra DS BID for 10 days.

Launder clothes frequently, handwashing.

Signed off by: Phoebe J. Hershenow, FNP On: 07/07/10 at 12:35

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Office Visit

06/11/2010

Patient Name: [6 - Healthcare information readily identifiable to a perso...]

Type: Established Patient

Provider: David C. Shinstrom, M.D.

Opened: 06/11/2010 15:03

Date of Service: 06/11/10

By: Cynthia A. Dahlinger Koby

Type of Service: Office Visit

Close: 06/11/2010 15:20

Note Type: Office Visit

By: David C. Shinstrom, M.D.

History Source: Patient

CHIEF COMPLAINT:

Prob: Infected right index finger

HISTORY:

S: 6 days ago cut right hand, had friend sew it up. Over the past day or two sutures have come out and not red, swollen and painful. Able to move it.

VITALS:

06-11-2010 15:05 Weight: 171 lbs BP: 108 / 60 [arm - sit]

EXAM:

O: Right hand-redness and swellign over wound dehiscence.

ASSESSMENT:

883.0 OPEN WOUND-FINGER

Stable

682.9 CELLULITIS

Stable

COMMENT:

P: Advised frequent hot soaks. Cephalexin 500 mg tid #15. Vicodin 5/500 #15. F/U if no better.

Signed off by: David C. Shinstrom, M.D. On: 06/11/10 at 15:20

Author: David C. Shinstrom, M.D.

07/19/2011 09:51 AM

Orcas Family Health Center

Dictation and Reports [Continued]

Gastrointestinal problem

05/11/2010

Patient Name: 6 - Healthcare information re...
Provider: Phoebe J. Hershenow, FNP
Date of Service: 05/11/10
Type of Service: Office Visit
Note Type: Gastrointestinal problem
History Source: Patient

Type: Established Patient
Opened: 05/11/2010 11:04
By: Heidi G. Bruce
Close: 05/11/2010 12:41
By: Phoebe J. Hershenow, FNP

CHIEF COMPLAINT:

episodic abd pain with vomiting

HISTORY:

This is the 10th time this has happened. At first it was meth related, but he's been clean for a year. He is under a lot of stress. His girlfriend just had a baby. He's been to the ER twice in the past 2 weeks, had some WU, some IVF and antiemetics, but left AMA. recent Upper GI was normal. On a PPI and Reglan.
Feels thirsty and cant help but drink a lot, but then he vomits.

VITALS:

05-11-2010 11:10 Weight: 172 lbs Pulse: 52 BPM BP: 152 / 84 [arm - sit] Temp: 97.4 F° [oral]

EXAM:

Inappropriate, agitated. Crying out.
Abd diffusely tender.

ASSESSMENT:

789.07

ABDOMINAL PAIN-GENERALIZED

Recurrent

PLAN:**Plan Comments:**

Discussed stress and nausea.
DO NOT induce vomiting. Sips of fluids. No coffee, soda, citrus, alcohol or smoking.
Phenergan 50mg IM now.
Zofran 8mg Q 6 hrs. Rx through OMF program.

Signed off by: Phoebe J. Hershenow, FNP On: 05/11/10 at 12:41

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Office Visit

02/26/2010

Patient Name: 6 - Healthcare information readily identifiable to a pers...

Type: Established Patient

Provider: Phoebe J. Hershenow, FNP

Opened: 02/26/2010 14:48

Date of Service: 02/26/10

By: Phoebe J. Hershenow, FNP

Type of Service: Office Visit

Close: 02/26/2010 15:26

Note Type: Office Visit

By: Phoebe J. Hershenow, FNP

History Source: Patient

CHIEF COMPLAINT:

nausea, abdominal pain, diarrhea.

HISTORY:

Started 2 days ago. this has happened before, he gets terrible gut cramps and has diarrhea and vomiting and he's gone to the ER and they've given him IV fluids. Now he is much too sick to even talk about it.

His (pregnant) girlfriend says that he should be taking his prilosec and this is what happens when he doesn't. She said he had coffee ground emesis at home. Usually he doesn't have diarrhea with it.

He says that every time he pukes he drinks water.

EXAM:

vomiting in BR and then in wastebasket in the exam room.

Abdomen soft but tender.

Very anxious, moaning, agitated.

Emesis clear no coffee ground appearance.

Given Demerol 100 mg with Phenergan 50 Im L vent glut.

Within about 15 min he was more relaxed, diaphoretic.

Pink skin, flushed. moist mucus membranes, good turgor.

ASSESSMENT:

789.07

ABDOMINAL PAIN-GENERALIZED

Recurrent

PLAN:**Plan Comments:**

No need for IVF at this time. No s/sx of acute GI bleed.

Plan: home to sleep. Take PPI as soon as nausea subsides.

Phenergan 25 mg PR Q 6 hrs prn nausea.

Push oral fluids. IF pain and nausea recur, he will need to go to the ER and/or call EMS.

Signed off by: Phoebe J. Hershenow, FNP On: 02/26/10 at 15:26

Author: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Phone Call-From Patient

11/05/2009

Date 11/05/2009**Time** 11:21:34**Patient** 6 - Healthcare informatio...**DOB** 6 - Healthcare inf...**From** Cynthia A. Dahlinger
Koby**To** Phoebe J. Hershenow,
FNP**Priority** Routine**Subject** Phone Call-From Patient**Message** pt would like to see if you would give him a slip
saying he can return to work. He says he is feeling
much better and his boss says he needs a note from
you to return. Please call him at 6 - Healthcare in...**From:** Phoebe J. Hershenow, FNP (11/05/2009 12:08)**Message:**

note faxed

Msg Read by: Phoebe J. Hershenow, FNP (11/05/2009 12:08)

Saved By: Phoebe J. Hershenow, FNP

Orcas Family Health Center

Dictation and Reports [Continued]

Cough

11/02/2009

Patient Name: 6 - Healthcare information readily identifiable to a pers... Type: Established Patient
Provider: Phoebe J. Hershenow, FNP Opened: 11/02/2009 11:25
Date of Service: 11/02/09 By: Cynthia A. Dahlinger Koby
Type of Service: Office Visit Close: 11/02/2009 11:58
Note Type: Cough By: Phoebe J. Hershenow, FNP
History Source: Patient

CHIEF COMPLAINT:

cough and fever

HISTORY:

sx started abruptly Friday. went to work at the market on Saturday, by mid-afternoon was very sick with sinus pressure, cough and ear pain. He hasn't vomited but is nauseated. Some diarrhea. No fever measured, but soaked the bed with sweat. His girlfriend is pregnant and not immunized against flu. He's worried about her.

SOCIAL HISTORY:

smokes

VITALS:

11-02-2009 11:46Pulse: 90 BPM BP: 130 / 90 [arm - sit]Temp: 100.6 F° [oral]

EXAM:

subdued, Flushed and warm. Skin dry.

HEENT: TMs clear bilat, OP red and edematous. Neck supple, no M. Eyes clear.
chest CTA, HR reg.

ASSESSMENT:

487.1

INFLUENZA

Stable

PLAN:**Plan Comments:**

prometh/codiene elixir.

rest, fluids, analgesics

NO WORK or contact with the public until well.

Avoid contact with his pregnant girlfriend until well.

Signed off by: Phoebe J. Hershenow, FNP On: 11/02/09 at 11:58

Author: Phoebe J. Hershenow, FNP

Attachment C

Documentation of Physician Authorization to Engage in the
Medical Use of Marijuana in Washington State

Patient
Name _____

Date of
Birth _____

I am a physician licensed in the State of Washington. I have diagnosed the above named patient as having a terminal or debilitating medical condition as defined in RCW 69.51A.010.

I have advised the above named patient about the potential risks and benefits of the medical use of marijuana. I have assessed the above named patient's medical history and medical condition. It is my medical opinion that this patient may benefit from the medical use of marijuana.

Signature of
Physician _____

Printed Name of
Physician _____

Risks and benefits of medical marijuana

Under Washington state law, the use of medical marijuana is now permissible for some patients with terminal or debilitating medical conditions. The law regulating this (RCW 69.51A) allows physicians to advise patients about the risks and benefits of the medical use of marijuana.

The medical and scientific evidence supporting the use of medical marijuana remains controversial in the medical community. Not all health care providers believe that medical marijuana is safe or effective and some providers feel that it is a dangerous drug.

According to the Washington state law, the medical use of marijuana may benefit patients diagnosed with the following medical conditions: cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure or spasticity disorders; some types of intractable pain; glaucoma, either acute or chronic; Crohn's disease; hepatitis C with debilitating nausea or intractable pain; or diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity.

Some of the risks of medical marijuana may include possible long-term effects on the brain in the areas of memory, coordination and cognition; impairment of the ability to drive or operate heavy machinery; respiratory damage; possible lung cancer; and physical or psychological dependence.

This form provided by the Washington State Medical Association 7/2007

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Attachment D

David C. Shinstrom, M.D.
Phoebe Hershenow, A.R.N.P.
501 C3 Non-Profit Rural Health Center



Phone (360)376-7778
Fax (360)376-7706
Tax ID #20-1484437

www.OrcasFamilyHealthCenter.org
1286 Mt Baker Rd, Suite B-102 • Eastsound, WA 98245

David C. Shinstrom, M.D.
dshinstrom@orcasfamilyhealthcenter.org

Education

Family Practice Residency 1976-1979
Central Maine Family Practice Residency, Augusta, ME

Doctor of Medicine 1972-1976
University of Cincinnati School of Medicine, Cincinnati, OH,

Graduate School, Department of Physiology and Biophysics 1970-1972
University of Washington, Seattle, WA.

B.A. Degree in Biology 1966-1970
Whitman College, Walla Walla, WA.

Professional Experience

Orcas Family Health Center, Medical Director, Eastsound, WA *1/2004 - present*
• Established Orcas Family Health Center as a 501 (c) 3 non-profit Rural Health Center with the mission of care for all patients regardless of insurance or ability to pay.

Kunde Hospital, Visiting Physician, Everest Region, Nepal *2/2000-6/2000*
• Provided medical care to Nepali citizens in remote mountain village clinic.

Orcas Island Medical Clinic, Medical Director, Eastsound, WA *6/1993 - 12/2003*
• Founding physician for newly built medical center. After 10 years, expanded the medical staff to three physicians with five-fold increase in patient volume and gross patient revenues. Member medical staff Island Hospital, Anacortes

Island Hospital, Staff Physician, Anacortes, WA *6/1993 - 12/2003*
• Staff physician to provide continuum of care for hospitalized Orcas Island patients including Obstetrics.

University of Washington, Clinical Instructor, Eastsound, WA *1994 - present*

- Clinical instructor for medical students and residents. Responsible for overseeing and guiding clinical decision making in a challenging rural environment.

Maine-Dartmouth Family Medicine Residency, Medical Director, Augusta, ME 8/1983 - 5/1993

- Served as faculty family physician training eighteen residents and medical students per year. Medical director for model practice unit with 18,000 patient visits per year.

Forks Medical Clinic, Family Physician, Forks, WA 9/1979 – 7/1983

- Rural family medicine physician in group practice. Hospital privileges Forks Community Hospital. Chief of staff for three years.

Memberships & Affiliations

- American Board of Family Medicine, certification 1979, recertification 2003
- American Academy of Family Physicians
- Aviation Medical Examiner
- University of Washington School of Medicine
- Experimental Aircraft Association, President, Chapter #937

Awards

- 2005 Regence Blue Shield top 200 high performing clinicians
- 2005 Group Health Award of Excellence

Personal Interests

- Private Pilot since 1979
- Volunteer Pilot for Young Eagles, Old Buzzards, Mercy Flights
- Sailor
- SCBA certified



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

June 30, 2011

L. Buchanan
San Juan Sheriff's Office
96 - 2nd St N
Friday Harbor, WA 98250

COPY

RE: David C. Shinstrom, MD
Case No. 2011-157375MD

Dear Det. Buchanan:

Thank you for your recent letter in which you express concerns regarding medical care provided by David Shinstrom, MD. Your complaint has been assigned case number 2011-157375MD.

Your complaint will be investigated to determine if a violation of the Uniform Disciplinary Act, RCW 18.130.180, Unprofessional Conduct, has occurred. If you have any additional information pertaining to your complaint, please forward it along with a copy of this letter to me at the address listed below. Please understand that you may not hear from us during the investigation. If we need additional information from you, one of the Commission's investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180, the statute that identifies Unprofessional Conduct. Once the investigation is complete, a panel of the Medical Quality Assurance Commission will review the facts of the case and make a decision. You will be notified in writing of the decision.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions or need additional information, please call me at 360-236-2770.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

Enclosures: What Happens Next?
RCW 18.130.180





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

June 30, 2011

David C. Shinstrom, MD
1286 Mount Baker Rd
Ste B102
Eastsound, WA 98245-8931

COPY

SUBJECT: Case No: 2011-157375MD

Dear Dr. Shinstrom:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180(4), the Uniform Disciplinary Act. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

You may submit a written statement about the complaint at any time, however, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the investigation and case review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure *What Happens Next?* along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please contact me at 360-236-2770.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Enclosure: *What Happens Next*, RCW 18.130.180





Fax

Date:

2/19/11

Number of pages including cover
sheet:

3

To:

Dr. D. Shinstrom

Phone:

360-376-7778

Fax phone:

360-376-7706

CC:

From:

Tim Slavin, Investigator

PO Box 47866

Olympia, WA 98504-7866

Phone:

(360) 236-2778

Fax phone:

(360) 236-2795

REMARKS:

☐

Urgent

☒

For your review

☐

Reply ASAP

☐

Please comment

Tim Slavin

TS

ATTENTION: The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above (or the employee or agent responsible to deliver it to the intended recipient). If you received this in error, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you *have* received this message in error, please notify us by telephone immediately, and return the original message to us at the address listed above via U.S. Postal Service. We will, of course, be happy to reimburse you for any costs. Thank you.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

July 19, 2011

David C. Shinstrom, MD
1286 Mount Baker Road, #B102
Eastsound, WA 98245-8931

Cases #2011-157375MD

Dear Dr. Shinstrom:

The Washington State Medical Quality Assurance Commission received information through an Anonymous Informant. The Anonymous Informant is concerned about your prescribing practice of marijuana.

Three of your patients have been identified, 6 - Healthcare information readl... Eric Whitehead, and

6 - Healthcare information r...

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe health care. Under the provisions of RCW 18.130.050, the Washington State Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Under provisions of RCW 18.130.180(8), a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. The Health Care Information Act, RCW 70.02.050 (2)(a), requires that a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Under the terms of the laws mentioned, you are asked to provide a narrative statement or documentation addressing questions listed on the following page.



PAGE TWO

-A narrative statement addressing your medical and prescribing rationale of marijuana to [6 - Healthcare information readil...], Eric Whitehead, and [6 - Healthcare information r...].

-Provide a complete copy of [6 - Healthcare information readil...], Eric Whitehead, and [6 - Healthcare information ...] medical records.

-What percentage of your medical practice is dedicated to the treatment and prescribing of marijuana?

-How many patients in your practice are you prescribing marijuana to?

-What are your medical protocol/guidelines in order for a patient to be prescribed marijuana?

-Provide a voided copy of your marijuana prescription (Authorization Form).

-Where are your patients obtaining their prescribed marijuana?

-What percentage of your marijuana patients are from out of the area (not residing on Orcas Island)?

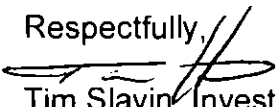
-Provide a copy of your C.V.

-Provide copies of your training certificates in the treatment and prescribing of marijuana.

-If you have any information or documentation you deemed necessary for the Medical Commission to review to make an informed decision about this matter please do so at this time.

Please submit your response within fourteen (14) days after receipt of this letter. Mail your response to the address below.

Respectfully,


Tim Slavin, Investigator
Department of Health, Medical Investigation Unit
P.O. Box 47866
Olympia, Washington 98504-7866
(360) 236-2778
Fax (360) 236-2795
Tim.slavin@doh.wa.gov

*** TX REPORT ***

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INVESTIGATION UNIT

P.O. BOX 47866
OLYMPIA, WASHINGTON 98504-7866



Fax

Date: 7/19/11
Number of pages including cover sheet: 3

To:

Dr. D. ShostromPhone: 360 - 376 - 7778Fax phone: 360 - 376 - 7706

CC:

From:

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REMARKS:

☐ Urgent☒ For your review☐ Reply ASAP☐ Please comment

Tim Slavin
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Redaction Summary (353 redactions)

6 Privilege / Exemption reasons used:

1 -- "Attorney work product - RCW 42.56.290" (1 instance)

2 -- "DOH Licensee Driver's license -- number, photo, personal information - RCW 42.56.510 and 18 USC 2721" (2 instances)

3 -- "DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)" (11 instances)

4 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)

5 -- "Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Information - RCW 42.56.510, 45 CFR 61.14" (3 instances)

6 -- "Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020" (335 instances)

Page 98, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 5 instances
Page 99, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 5 instances
Page 100, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 5 instances
Page 102, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 5 instances
Page 103, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 4 instances
Page 104, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 7 instances
Page 105, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 5 instances
Page 106, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 5 instances
Page 107, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 5 instances
Page 108, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 5 instances
Page 109, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 7 instances
Page 110, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 5 instances
Page 120, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 2 instances
Page 121, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 4 instances